


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90022 022 ***150.00

DOCUMENT # P03000064020					
1. Entity Name HUGGINS HOMES, INC.					
Principal Place of Business 10202 SW 52 AVE GAINESVILLE, FL 32608			Mailing Address 10202 SW 52 AVE GAINESVILLE, FL 32608		
2. Principal Place of Business 10202 SW 52 ND AVE		3. Mailing Address 10202 SW 52 ND AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL		4. FEI Number 81-0617019	
Zip 32608		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGGINS, JULIAN A. 10202 SW 52 AVE GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name SAME AGENT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Julian A. Huggins</i> JULIAN A. HUGGINS (SAME AS ABOVE) 2/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Blank Officer Entry]			P JULIAN A. HUGGINS 10202 SW 52 ND AVE GAINESVILLE, FL 32608		
[Blank Officer Entry]			S DENISE L. HUGGINS 10202 SW 52 ND AVE GAINESVILLE, FL 32608		
[Blank Officer Entry]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Blank Officer Entry]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Blank Officer Entry]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
[Blank Officer Entry]			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Julian A. Huggins</i> JULIANA A. HUGGINS 2/23/04 372-3022 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			PRESIDENT (352) <small>Date Daytime Phone #</small>		

34010929



01062004 Chg-P CR2E034 (10/03)