

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90021 011 ***150.00

DOCUMENT # P03000125050

1. Entity Name
JOHN L. HUGGINS PAINTING, INC.



Principal Place of Business
**10829 WOODLAND PLACE
HOMOSASSA, FL 34487**

Mailing Address
**POST OFFICE BOX 322
HOMOSASSA, FL 34487-0322**

44028340



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0369879

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**J. RANDALL HAMMETT
5353 SW COLLEGE ROAD
OCALA, FL 34474**

Name **CHARLES T. WALTON**
Street Address (P.O. Box Number is Not Acceptable)
5191 S. SUNCOAST BLVD.

City **HOMOSASSA, FL** FL Zip Code **34446**

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 *Charles T. Walton*

4/12/04

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUGGINS, JOHN L**
STREET ADDRESS **POST OFFICE BOX 322**
CITY- ST- ZIP **HOMOSASSA, FL 344870322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **V** ☐ Delete
NAME **HUGGINS, IRVEN**
STREET ADDRESS **10565 W. PALMETTO**
CITY- ST- ZIP **HOMOSASS, FL 34487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **V** ☐ Change ☒ Addition
NAME **JOHN W. HUGGINS**
STREET ADDRESS **P.O. BOX 322**
CITY- ST- ZIP **HOMOSASSA, FL 34487-0322**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 *John L. Huggins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 ³⁵² **628 6046**
Date Daytime Phone #