


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000125050 1. Entity Name JOHN L. HUGGINS PAINTING, INC.	
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Principal Place of Business 10829 WOODLAND PLACE HOMOSASSA, FL 34487	Mailing Address POST OFFICE BOX 322 HOMOSASSA, FL 34487-0322
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03122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0369879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WALTON, CHARLES T 5191 S SUNCOAST BLVD. HOMOSASSA, FL 34446
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGGINS, JOHN L. POST OFFICE BOX 322 HOMOSASSA, FL 344870322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGGINS, IRVEN 10565 W PALMETTO HOMOSASSA, FL 34487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGGINS, JOHN W P.O. BOX 322 HOMOSASSA, FL 344870322
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>John L. Huggins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/15/05</u> <small>Date</small>	<u>352-628-6096</u> <small>Daytime Phone #</small>
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