

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90316 005 ***150.00

DOCUMENT # P03000130137

1. Entity Name

HENRY K. HIGGINBOTHAM, INC.



Principal Place of Business

55176 DEER RUN RD.
CALLAHAN FL 32011

Mailing Address

55176 DEER RUN RD.
CALLAHAN FL 32011

14000346



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0376363

Applied For

Not Applicable

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

HIGGINBOTHAM, HENRY K
2129 DEER RUN DRIVE
CALLAHAN FL 32011-4510

Name

Street Address (P.O. Box Number is Not Acceptable)

55176 Deer Run Rd

City

Callahan

FL

Zip Code

32011

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HIGGINBOTHAM, HENRY K
2129 DEER RUN DRIVE
CALLAHAN FL 32011-4510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Higginbotham Henry K
55176 Deer Run Rd
Callahan FL 32011 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HIGGINBOTHAM, HOLLY C
2129 DEER RUN DRIVE
CALLAHAN FL 32011-4510 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Higginbotham Holly C
55176 Deer Run Rd
Callahan FL 32011 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Holly C Higginbotham

4/18/05

904-879-4734

Date

Daytime Phone #