

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130562

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: JAMES HUGGINS PAINTING SERVICE, INC.

## Current Principal Place of Business:

55485 BABLAN TERRACE  
HOMOSASSA, FL 34448

## New Principal Place of Business:

5548 S BABLAN TER  
HOMOSASSA, FL 34448

## Current Mailing Address:

55485 BABLAN TERRACE  
HOMOSASSA, FL 34448

## New Mailing Address:

5548 S BABLAN TER  
HOMOSASSA, FL 34448

FEI Number: 26-0096993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUGGINS, JAMES  
10568 WEST OLIVER STREET  
HOMOSASSA, FL 34448 US

## Name and Address of New Registered Agent:

HUGGINS, JAMES  
5548 S BABLAN TER  
HOMOSASSA, FL 34448 US

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.

SIGNATURE:

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: HUGGINS, JAMES  
Address: 10568 WEST OLIVER STREET  
City-St-Zip: HOMOSASSA, FL 34448

Title: V ( ) Delete  
Name: HUGGINS, TIMOTHY W  
Address: 10568 WEST OLIVER STREET  
City-St-Zip: HOMOSASSA, FL 34448

Title: S ( ) Delete  
Name: HUGGINS, MICHAEL W  
Address: 10568 WEST OLIVER STREET  
City-St-Zip: HOMOSASSA, FL 34448

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: HUGGINS, JAMES  
Address: 5548 S BABLAN TER  
City-St-Zip: HOMOSASSA, FL 34448

Title: DV (X) Change ( ) Addition  
Name: HUGGINS, TIMOTHY W  
Address: 5548 S BABLAN TER  
City-St-Zip: HOMOSASSA, FL 34448

Title: DS (X) Change ( ) Addition  
Name: HUGGINS, MICHAEL W  
Address: 5548 S BABLAN TER  
City-St-Zip: HOMOSASSA, FL 34448

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HUGGINS

DPT

04/30/2006

Electronic Signature of Signing Officer or Director

Date