

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90070 022 ***150.00

DOCUMENT # P05000094523

1. Entity Name

**HIGGINBOTHAM DEVELOPMENT OF CENTRAL FLORIDA
INCORPORATED**



Principal Place of Business

P.O. BOX 141544
GAINESVILLE, FL 32614-1544
US

Mailing Address

P.O. BOX 141544
GAINESVILLE, FL 32614-1544
US

2. Principal Place of Business - No P.O. Box #

3600 S.W. 23RD ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite #A-1

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Zip

32608

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

51-0547816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, EDDIE J
3600 SW 23RD TERRACE
#A-1
GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P.VP
HIGGINBOTHAM, EDDIE J
P.O. BOX 141544
GAINESVILLE FL 32614**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 exemptions contained in Section 119, 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:

Eddie J. Higginbotham

Eddie J. Higginbotham 3-19-08

352-538-0504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #