

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90045 020 \*\*\*150.00

**DOCUMENT # P05000126873**

1. Entity Name

**HERB LITTLETON PROPERTIES CORPORATION**



Principal Place of Business

**390 EGRET MARSH RD  
 MONTICELLO FL 32344**

Mailing Address

**PO BOX 14328  
 TALLAHASSEE FL 32317**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**27-0133148**

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

**LITTETON, HERBERT L  
 390 EGRET MARSH RD  
 MONTICELLO FL 32344**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.  
 After May 1, 2006 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	LITTLETON, HERBERT L
STREET ADDRESS	390 EGRET MARSH RD
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	D <input type="checkbox"/> Delete
NAME	LITTLETON, CHANTAL A
STREET ADDRESS	390 EGRET MARSH RD
CITY-ST-ZIP	MONTICELLO FL 32344
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Herbert L. Littleton* **Herbert L. Littleton** 1-19-2006 850-997-0867  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #