

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90056 037 ***150.00

DOCUMENT # P05000142182

1. Entity Name

HIGGINBOTHAM & SON'S TRUCKING, INC.



Principal Place of Business

217 JESSIE LEE COURT
GREEN COVE SPRINGS FL 32043

Mailing Address

217 JESSIE LEE COURT
GREEN COVE SPRINGS FL 32043



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3654800

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, CHARLES D
217 JESSIE LEE COURT
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name CHARLES D. HIGGINBOTHAM JR.

Street Address (P.O. Box Number is Not Acceptable)
1537 BLUE JAY DR.

City MIDDLEBURG

FL

Zip Code 32068

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, 2007 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	DP	<input checked="" type="checkbox"/> Delete
NAME	HIGGINBOTHAM, CHARLES	
STREET ADDRESS	217 JESSIE LEE CT	
CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	HIGGINBOTHAM, SARA	
STREET ADDRESS	217 JESSIE LEE COURT	
CITY- ST- ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, CHARLES JR	
STREET ADDRESS	1537 BLUE JAY DR	
CITY- ST- ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, CHARLES JR.	
STREET ADDRESS	1537 BLUE JAY DR.	
CITY- ST- ZIP	MIDDLEBURG, FLA 32068	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGGINBOTHAM, JESSICA	
STREET ADDRESS	1537 BLUE JAY DR	
CITY- ST- ZIP	MIDDLEBURG, FLA 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/07

904-626-4802