


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90133 047 ***150.00

DOCUMENT # P06000033011	
1. Entity Name HOUCK ENGINEERING AND DEVELOPING, INC.	

Principal Place of Business 2982 CURTIS KING BOULEVARD FORT PIERCE, FL 34946	Mailing Address 2982 CURTIS KING BOULEVARD FORT PIERCE, FL 34946
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2. Principal Place of Business - No P.O. Box # 3100 AIRMANS DRIVE	3. Mailing Address 3100 AIRMANS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FORT PIERCE, FL	City & State FORT PIERCE, FL
Zip 34946	Country USA
Zip 34946	Country USA



03132007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4455888	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BUSINESS FILINGS-INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960
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7. Name and Address of New Registered Agent Name ADAM HOUCK Street Address (P.O. Box Number is Not Acceptable) 5514 EAGLE DRIVE City FORT PIERCE FL Zip Code 34951

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 ADAM HOUCK, PRESIDENT Ad R H 3/27/07
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOUCK, ADAM 5514 EAGLE DRIVE FORT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUCK, JENNIFER 5514 EAGLE DRIVE FORT PIERCE, FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ad R H 3/27/07 772-475-5893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #