

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90014 013 ***150.00

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1. Entity Name

HUOTT ENTERPRISES, INC.



Principal Place of Business

24611 IVORY CANE DRIVE
#101
BONITA SPRINGS FL 34134 0415

Mailing Address

24611 IVORY CANE DRIVE
#101
BONITA SPRINGS FL 34134 0415



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

4. FEI Number

205220212

Applied For

Not Applicable

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

HUOTT, LEO J
24611 IVORY CANE DRIVE
#101
BONITA SPRINGS FL 34134 0415

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
HUOTT, LEO J
24611 IVORY CANE DRIVE
BONITA SPRINGS FL 34134 0415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VTD
HUOTT, PATRICIA J
24611 IVORY CANE DRIVE
BONITA SPRINGS FL 34134 0415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020307

Date

2395668762

Daytime Phone #