2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000093170

1. Entity Name
HUOTT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
24611 IVORY CANE DRIVE #101 BONITA SPRINGS, FL 34134	24611 IVORY CANE DRIVE #101 BONITA SPRINGS, FL 34134

DO NOT WRITE IN THIS SPACE

02102008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-5220212	Applied For
	Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

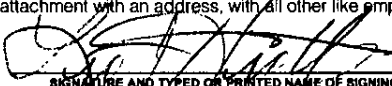| **FILE NOW!!! FEE IS $150.00** **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	HUOTT, LEO J
STREET ADDRESS	24611 IVORY CANE DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 341340415

TITLE	VTD
NAME	HUOTT, PATRICIA J
STREET ADDRESS	24611 IVORY CANE DRIVE
CITY-ST-ZIP	BONITA SPRINGS, FL 341340415

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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02/18/08-80039-010 150.00

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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: _____   02/1/08   _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #