2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36931

Entity Name: HUFCOR/ORI ANDO INC

MOONEY, JOHN B

1301 CENTRAL PARK DR-

SANFORD, FL 32771638

Name:

Address:

City-St-Zip:

FILED Apr 23, 2007 Secretary of State

		CORE (INDO, IINO.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	TRAL PARK [), FL 3277166						
Current Mailing Address:			New Mailing Address:				
PO BOX 59 JANESVILI	91 LE, WI 53547	0591 US					
FEI Number:	59-3098424	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired ()	
Name and	Address of 0	Current Registered Agent:	Name and	Address of Ne	w Registered Agen	t:	
1200 SOU ⁻	ORATION SY TH PINE ISLA ON, FL 3332	ND ROAD					
	named entity of Florida.	submits this statement for the	purpose of changing i	ts registered offi	ce or registered age	nt, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Ag	jent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PCD (BORDEN, J M 2101 KENNED JANESVILLE, '		Title: Name: Address: City-St-Zip:	()0	Change () Addition		
Title: Name: Address: City-St-Zip:	VD (MICHALSKI, K 2101 KENNED JANESVILLE,	Y ROAD	Title: Name: Address: City-St-Zip:	VD (X) C MURRY, WILLIAM 102 FAIRBANK S ADDISON, IL 60	Т		
Title: Name: Address: City-St-Zip:	STD (SCOTT, FRAN 2101 KENNED JANESVILLE, V	Y ROAD	Title: Name: Address: City-St-Zip:	() 0	Change () Addition		
Title:	VP () Delete	Title:	() C	change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK R SCOTT STD 04/23/2007