## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 01, 2004 8:00 am **DOCUMENT # P92000009734 Secretary of State** 1. Entity Name 07-01-2004 90001 013 \*\*\*550.00 HUGGETT & SHEARD, INC. Principal Place of Business Mailing Address 520 NE 12 AVE **520 NE 12 AVE** 54059438 FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL. 33301 2. Principal Place of Business 3. Mailing Address 919 SE. 9th St. 919, SE. St Suite, Apt. #, etc. Suite, Apt. #, etc. 06022004 CR2E034 (10/03) Cho-P Applied For City & State City & State 4. FEI Number Not Applicable 65-0370118 Ft. Lauderdale T. Lauderdale \$8.75 Additional Zin Zip 5. Certificate of Status Desired SAر 33316 Fee Required 3331*0* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name shearc SHEARD, LAURA Street Address (P.O. Box Number is Not Acceptable) 3810 WOOD AVE. MIAMI, FL 33133 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 it applicable. (NOTE: Registered Apent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President ☐ Addition TITLE ☐ Change TITLE ☐ Delete Laura Sheard SHEARD, LAURA NAME NAME 919 SE. 9th St. **3810 WOOD AVE** STREET ADDRESS STREET ADDRESS 12 33316 Ft. Lauderdale MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-719 D2 Delete ☐ Change ग्राह ☐ Addition TTDE HUGGETT, JACQUELINE N NAME NAME STREET ADDRESS NO STREET ADDRESS GIVEN STREET ADDRESS CITY-ST-7IP MIAMI, FL 332321574 CITY-ST-ZIP Delete TILE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 any address, with all other like empowered.

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