

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091021

FILED
Apr 01, 2009
Secretary of State

Entity Name: WM. C. HUFF TRUCKING - FL, INC.

Current Principal Place of Business:

4227 PROGRESS AVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4227 PROGRESS AVE
NAPLES, FL 34104 US

New Mailing Address:

4 DYMENT WAY
BARRINGTON, NH 03825 US

FEI Number: 65-0617814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, JIM L
948 BELVILLE BLVD.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GONZALEZ, ALEX A
Address: 16005 ARBORVIEW #415
City-St-Zip: BONITA SPRINGS, FL 34110

Title: PTS () Delete
Name: HENDERSON, JIM
Address: 948 BELVILLE BLVD.
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: HILTON, MICHAEL
Address: 5549 WENDY LANE
City-St-Zip: NAPLES, FL 34112

Title: V () Delete
Name: SANGUINETTI, JORGE I
Address: 3230 BERMUDA ISLE CIR #1035
City-St-Zip: NAPLES, FL 34109

Title: V (X) Delete
Name: GRIFFEN, COREY C
Address: 1224 COMMON WEALTH CIRCLE N202
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CALLINAN, DAVID C
Address: 1232 MANADO DRIVE
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JIM L HENDERSON

PTS

04/01/2009

Electronic Signature of Signing Officer or Director

Date