

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P96000089412</b> 1. Entity Name <b>HIGGINBOTHAM COMPANIES, INC.</b>						FILED 05 AUG 22 PM 4:52 SECRETARY OF STATE TALLAHASSEE, FL	
Principal Place of Business 3935-L U.S. 1 COCOA, FL 32926				Mailing Address 3935-L U.S. 1 COCOA, FL 32926			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent <b>HIGGINBOTHAM, TRACEY C</b> <b>3935-L N. U.S. 1</b> <b>COCOA, FL 32926</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u>Tracey C. Higginbotham</u> <u>Tracey C. Higginbotham, President</u> <u>8-16-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PVTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIGGINBOTHAM, TRACEY C		NAME	Higginbotham, Tracey C.			
STREET ADDRESS	3935-L U.S. 1		STREET ADDRESS	3935-L N. U.S. 1			
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP	Cocoa, Fl. 32926			
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIGGINBOTHAM, NANCY		NAME				
STREET ADDRESS	3935-L N. U.S. 1		STREET ADDRESS				
CITY-ST-ZIP	COCOA, FL 32926		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 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: <u>Tracey C. Higginbotham</u> <u>Tracey C. Higginbotham</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>8-16-05</u> <u>632-5726</u> <small>Date Daytime Phone #</small>			