

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**

**Feb 07, 2006 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/05)

4. FCI Number **65-0768092** Applied For ☐ Not Applied ☐  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

<b>DOCUMENT # P97000053564</b>					
1. Entity Name <b>RICHARD HUFF GENERAL CONTRACTOR, INC.</b>					
Principal Place of Business <b>16975 HAMMOCK LN PORT SAINT LUCIE FL 34987</b>			Mailing Address <b>16975 HAMMOCK LN PORT SAINT LUCIE FL 34987</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number <b>65-0768092</b>	
6. Name and Address of Current Registered Agent  <b>HUFF, RICHARD SR. 16975 HAMMOCK LN PT ST LUCIE FL 34987</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May <input type="checkbox"/> Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HUFF, RICHARD SR.		NAME		
STREET ADDRESS	16975 HAMMOCK LN		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HUFF, SYLVIA N		NAME		
STREET ADDRESS	16975 HAMMOCK LN		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	HUFF, RICHARD E II		NAME		
STREET ADDRESS	16975 HAMMOCK LN		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE FL 34987		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
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"/> Add
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"/> Add
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 exemptions contained in Section 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:**  **SYLVIA N. HUFF** **2/1/06** **772 465 2431**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #