

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90022 041 ***158.75

DOCUMENT # P97000058004

1. Entity Name

WM. C. HUFF WAREHOUSING-FLORIDA, INC.



Principal Place of Business

4227 PROGRESS AVE
NAPLES FL 34104

Mailing Address

4227 PROGRESS AVE
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3459751

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HILLS, ROBERT B~~
~~10941 SALERNO BAY RD~~
~~BONITA SPRINGS FL 34135~~

Name

Michael Hilton

Street Address (P.O. Box Number is Not Acceptable)

5549 Wendy Ln

City

Naples

FL

Zip Code

34112

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

Michael Hilton

Michael Hilton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME HILTON, MICHAEL
STREET ADDRESS 6663 HUNTLEY LN
CITY-ST-ZIP NAPLES FL 34104

TITLE ~~PTS~~ ☒ Delete
NAME ~~HILLS, ROBERT B~~
STREET ADDRESS ~~10941 SALERNO BAY RD~~
CITY-ST-ZIP ~~BONITA SPRINGS FL 34135~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition
NAME Michael Hilton
STREET ADDRESS 5549 Wendy Ln
CITY-ST-ZIP Naples FL 34112

TITLE ~~PTS~~ ☐ Change ☒ Addition
NAME Jim Henderson
STREET ADDRESS 31 Blue Hills DR
CITY-ST-ZIP Rochester, NH 03839

TITLE V ☐ Change ☒ Addition
NAME Eric Peterson
STREET ADDRESS 1450 wildwood Lakes Blvd B204
CITY-ST-ZIP Naples FL 34104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael Hilton

Michael Hilton

3/3/05

239-263-8081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #