## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P97000058004

BARRY, AARON

5549 WENDY LANE

NAPLES, FL 34112

Name:

Address: City-St-Zip:

FILED Dec 18, 2006 Secretary of State

Entity Name: WM. C. HUFF WAREHOUSING-FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 4227 PROGRESS AVE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 4227 PROGRESS AVE NAPLES, FL 34104 FEI Number: 59-3459751 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENDERSON, JIM L 948 BELVILLE BLVD. NAPLES, FL 34104 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HILTON, MICHAEL Name: Name: 5549 WENDY LANE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: PTS Title: () Delete () Change () Addition HENDERSON, JIM Name: Name: 948 BELVILLE BLVD. Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: Title: () Delete () Change () Addition ELFRETH, MITCH Name: Name: 1561 16TH AVE. SW Address: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition RICHARDSON, CYNTHIA WES, HADLOCK Name: Name: 2260 GREENBACK CIR. BLD.15 -#102 Address: 3612 SEAGRAPE AVE. Address: City-St-Zip: City-St-Zip: NAPLES, FL 34104 NAPLES, FL 34102 Title: Title: () Delete () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: JIM HENDERSON **PTS** 12/18/2006