

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058004

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: WM. C. HUFF WAREHOUSING-FLORIDA, INC.

## Current Principal Place of Business:

4227 PROGRESS AVE  
NAPLES, FL 34104

## New Principal Place of Business:

## Current Mailing Address:

4227 PROGRESS AVE  
NAPLES, FL 34104

## New Mailing Address:

FEI Number: 59-3459751      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: HILTON, MICHAEL  
Address: 5549 WENDY LANE  
City-St-Zip: NAPLES, FL 34112

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

Title: V ( ) Delete  
Name: ELFRETH, MITCH  
Address: 1561 16TH AVE. SW  
City-St-Zip: NAPLES, FL 34117

Title: V ( ) Delete  
Name: WES, HADLOCK  
Address: 2260 GREENBACK CIR. BLD.15 -#102  
City-St-Zip: NAPLES, FL 34102

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: V (X) Change ( ) Addition  
Name: WES, HADLOCK  
Address: 4625 ST. CROIX LANE. APT. 1116  
City-St-Zip: NAPLES, FL 34109

Title: V (X) Change ( ) Addition  
Name: BARRY, AARON  
Address: 2692 FOUNTAINVIEW CIR #204  
City-St-Zip: NAPLES, FL 34109

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.

SIGNATURE: JIM HENDERSON

PTS

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date