2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# P97000058004

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: 4625 ST. CROIX LANE. APT. 1116
City-St-Zip: NAPLES, FL 34109

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

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: BARRY, AARON
Address: 5757 GAGE LANE #305C
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify 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 04/10/2008

Electronic Signature of Signing Officer or Director — Date