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2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 02, 2004 8:00 am Secretary of State

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DOCUMENT # P97000062394 1. Entity Name HUCKABEE INVESTMENT PLANNING SERVICES, INC.					07-02-20	004 90004 021 ***	*158.75	
Principal Plac	ce of Business	Mailing Address				5405970	9	
805 DOUGLAS AVE STE 159		805 DOUGLAS AVE					Ÿ	
ORLANDO, F	L 32803-3832 US	STE 159	1 22714			·		
		ALTAMONTE SPRINGS, F	L 32/14		O KOMI TOOM OTIM BOW OR	II Barka askin ki ran Jim a Ibika ali	MET N IET	
2. Principal Place of Business 3. Mailing Address				—— 				
1613 N	1. Wymore Rd	613 N. Wymore Rd		1 120(140) 1	O IBIN IN BIN BUCH BUNI NUC	it Polite Buin Hean dilta (Vita alt	IIIAI II ISAI	
Suite, Apt		Suite, Apt. #, etc/	1 (1 1	06302004	Chg-P	CR2E034 (10/03)		
Winte	ertark, thorida		K, Florida	a) 33332331				
City & Sta	te	City & State	,	4. FEI Numb		<u> </u>	oplied For	
-7:		7:0	Country	59-349	8427		ot Applicable	
1 33796	2 Country	1 32189	Country	5. Certificate	of Status Desired	\$8.75 Add		
20-10	6. Name and Address of Current I	Registered Apent	$u_{\mathcal{I}}$	7. Name and	Address of New R	•		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
HUCKABEE, CHARLES C					Chabee, Charles C.			
125 ZEERW OTTEET				dress (P.O. Box Numb	er is Not Acceptable	9)		
STE A ORLANDO, FL 32803-3832 /0/2				12 N/ L	Limara	DN		
					<u>lymore</u>	/Ca		
City Winter Park FL Zingsod 189								
8. The above named entity adjusts 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 the nistered agent.								
SIGNATURE 6/39/39								
Oldinalogy	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)		DATE		
						/		
FILE NOWILL FEE IS \$150.00 9. Election Campaign Trust Fund Contrib				\$5.00 May Be Added to Fees	In accordance a	with s. 607.193(2)(b), not receive the prior (F.S., the	
	ue by September 8, 2004	Trast rand Contin		Added to 1 ces	corporation did	mot receive the prior i	iotice.	
10.	OFFICERS AND	DIRECTORS	11.			ICERS AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE	Huekabee 613N. Wy Winter Pa	Pharles	Change	Addition	
NAME	HUCKABEE, CHARLES C		NAME	Linal Lilia	JUMI (CS			
STREET ADDRESS CITY-ST-ZIP	123 ZELMA STREET STE A ORLANDO, FL 328033832		STREET ADDRESS CITY-ST-ZIP	6/3/V. WY	more Ku	27180 (N)	1	
	D D		CITI-31-21F	Win ter ra	rr, FL s	101 CV	,	
NAME	HOCKAER, CHARLES C	Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	1		STREET ADDRESS					
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327	14	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		D DCIQLO	NAME			onango		
STREET ADDRESS			STREET ADDRESS		<u></u>	-	-	
CITY-ST-ZIP			City-St-Zip					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADORESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS				•	

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 trusted 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 trier like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

2/39/04 Date

Daytime Phone #

Change

☐ Addition