

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099246

FILED
Mar 26, 2004
Secretary of State

Entity Name: HUFFINE ENTERPRISES, INC.

Current Principal Place of Business:

5655 CARDER RD
ORLANDO, FL 328104741

New Principal Place of Business:

2816 SHADOW VIEW CIRCLE
MAITLAND, FL 327517518 US

Current Mailing Address:

5655 CARDER RD
ORLANDO, FL 328104741

New Mailing Address:

2816 SHADOW VIEW CIRCLE
MAITLAND, FL 327517518 US

FEI Number: 59-3480339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
LEFKOWITZ & BLOOM, P. A.
430 NORTH MILLS AVE.
ORLANDO, FL 32803 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: PTD () Delete
Name: HUFFINE, ROBERT A
Address: 5655 CARDER RD
City-St-Zip: ORLANDO, FL 328104741

Title: VS () Delete
Name: HUFFINE, MARJORIE H
Address: 5655 CARDER RD
City-St-Zip: ORLANDO, FL 328104741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: HUFFINE, ROBERT A
Address: 2816 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 327517518 US

Title: VS (X) Change () Addition
Name: HUFFINE, MARJORIE H
Address: 2816 SHADOW VIEW CIRCLE
City-St-Zip: MAITLAND, FL 327517518 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT A. HUFFINE

PTD

03/26/2004

Electronic Signature of Signing Officer or Director

Date