

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90040 004 ***150.00

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1. Entity Name

D & P HIGINBOTHAM INVESTMENTS, INC.



Principal Place of Business

**PO BOX 4143
ANNA MARIA FL 34216**

Mailing Address

**PO BOX 4143
ANNA MARIA FL 34216**

54021048



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0924151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIGINBOTHAM, PATRICIA A
110 WILLOW AVE.
ANNA MARIA FL 34216**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HIGINBOTHAM, DALE**
CITY-ST-ZIP **PO BOX 4143
ANNA MARIA FL 34216**

TITLE ☐ Change ☐ Addition
NAME **President & Director**
STREET ADDRESS **Delinda Ann Crampton**
CITY-ST-ZIP **11237 Accentare Ct.
Las Vegas, Nevada 89141**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HIGINBOTHAM, PATRICIA A**
CITY-ST-ZIP **PO BOX 4143
ANNA MARIA FL 34216**

TITLE ☐ Change ☐ Addition
NAME **V.P., Sec. & Tres., Director**
STREET ADDRESS **Holly Dale Pascarella**
CITY-ST-ZIP **1031 N.W. 123rd Dr.
Coral Springs, FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 trustee 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 other like empowered.

SIGNATURE: *Holly D. Pascarella* **Holly D. Pascarella, V.P. 3/10/04 954-757-4442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #