

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000110236

1. Entity Name
HUFF CONSTRUCTION, INC.



Principal Place of Business
**1174 S LAKE STARR BLVD
LAKE WALES, FL 33853**

Mailing Address
**1174 S LAKE STARR BLVD
LAKE WALES, FL 33853**



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2643160	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLANKENSHIP, RANDALL G
170 E CENTRAL AVE
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

**000000110888
04/12/04-80101-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV HUFF, EDWARD H 1174 S LAKE STARR BLVD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUFF, LAURA 1174 S LAKE STARR BLVD LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 life empowered.

SIGNATURE:

Edward H. Huff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04
Date

963-679-3454
Daytime Phone #