## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

HLELP99000110236 **DOCUMENT # P99000110236** 05 OCT 12 AM 10: 04 1. Entity Name HUFF CONSTRUCTION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1174 S LAKE STARR BLVD 1174 S LAKE STARR BLVD LAKE WALES, FL 33853 LAKE WALES, FL 33853 3: Mailing Address 2. Principal Place of Business Sulte, Apt. #, etc. 06292005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number 59-2643160 Not Applicable <sup>Zip</sup>33898 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANKENSHIP, RANDALL G 170 E CENTRAL AVE Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33880 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 regretered agent and title if applicable (NOTE: Registered Agent signature required when rematating 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!! FEE IS \$150.00 Due by September 7, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delate TITLE HUFF, EDWARD H NAME NAME All of our informa-STREET ADDRESS 1174 S LAKE STARR BLVD STREET ADDS LAKE WALES, FL 33853- 3.3292 tion is the same except our zipcode CITY-51-ZP CITY-ST-ZIP Deleta TITLE TITLE HUFF, LAURA NAME NAME STREET ADDRESS 1174 S LAKE STARR BLVD STREET ADDE LAKE WALES, FL 2000 33898 CITY-ST-ZIP CITY-ST-ZIP has changed. The Delata tm e TITLE NAME NAME STREET ADDRESS STREET ADDR CITY-ST- ZP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDR CITY-ST-ZIP CITY-ST-ZIP Deleta nne TITLE NAME STREET ADDRESS STREET ADOR CITY-ST-ZIP CITY-ST-ZIP & Eckel OCT 2 2006 TITLE Delete TITLE NAME STREET ADORESS STREET ADDRESS CLTY - 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). Florids 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, Floride Statutes; and that my name appears in Slock 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

APPROVEL 07-05-2005.30220 044 \*\*\* 150.00