

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V68067
 1. Entity Name
KRC HUGGINS INC.



FILED
 05 NOV 14 AM 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 2905 S. FEDERAL HWY
 C-4
 DELRAY BEACH, FL 33483

Mailing Address
 POST OFFICE BOX 1557
 DELRAY BEACH, FL 33483

2. Principal Place of Business
104 SWEETWATER DR
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 149
 Suite, Apt. #, etc.



City & State
HEADLAND ALA

City & State
CAMPBELLTON FL

Zip
36745

Country
U.S.A

Zip
32426

Country
U.S.A

4. FEI Number
 65-0357772

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUGGINI, MORRIS F
 2885 S.W. 22ND CIRCLE
 50D
 DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name
Randall McKie

Street Address (P.O. Box Number is Not Acceptable)
495 NE 4th Street ST07

City
Delray Beach FL Zip Code
33483

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 **Randall McKie** **Randall McKie** **11-9-05**
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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	Delete <input checked="" type="checkbox"/>	TITLE MORRIS HUGGINS	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME HUGGINS, MORRIS		NAME 104 SWEETWATER DR	
STREET ADDRESS 2885 S.W. 22ND CIRCLE		STREET ADDRESS HEADLAND ALA 36745	
CITY - ST - ZIP DELRAY BEACH, FL 33445		CITY - ST - ZIP HEADLAND ALA 36745	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: **Morris Huggins** **11-9-05** **5614419599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #