

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90016 016 ***150.00

DOCUMENT # 145676

1. Entity Name
HUGHES, INC.



Principal Place of Business
**1411 EDGEWATER DRIVE
SUITE 100
ORLANDO, FL 32804 US**

Mailing Address
**P.O. BOX 568065
ORLANDO, FL 32856-8065 US**

40033401



2. Principal Place of Business - No P.O. Box #
801 N. ORANGE AVENUE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 514

Suite, Apt. #, etc.

02192008 Chg-P CR2E034 (12/06)

City & State
ORLANDO, FL

City & State

4. FEI Number
59-6062958

Applied For
Not Applicable

Zip
32804

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**HUGHES, DAVID H
1951 FORREST ROAD
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **HUGHES, VINCENT S**
STREET ADDRESS **560 IVANHOE PLAZA**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **STD** ☐ Delete
NAME **HUGHES, DAVID H**
STREET ADDRESS **1951 FORREST ROAD**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VD** ☐ Delete
NAME **HUGHES, RUSSELL V**
STREET ADDRESS **2035 COMPANERO AVE**
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **HUGHES, VINCENT S.**
STREET ADDRESS **560 IVANHOE PLAZA**
CITY-ST-ZIP **ORLANDO, FL 32804**

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT S. HUGHES

Date

2/27/08

Daytime Phone #

407-487-1592