


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90045 029 \*\*\*150.00

**DOCUMENT # F35010**  
 1. Entity Name  
**HOUGH BROTHERS, INC.**



Principal Place of Business  
 1950 PALM BAY RD. NE  
 PALM BAY, FL 32905

Mailing Address  
 1950 PALM BAY RD. NE  
 PALM BAY, FL 32905



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2114590**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FRESE, GARY, B., ESQUIRE**  
**903 S. HARBOR CITY BLVD. #505**  
**MELBOURNE, FL 32901**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HOUGH, SANDRA J.	
STREET ADDRESS	1598 MANZANITA ST. N.W.	
CITY-ST-ZIP	PALM BAY, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUGH, CHARLES V	
STREET ADDRESS	0000 CITRUS AVE NE	
CITY-ST-ZIP	PALM BAY, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOUGH, RAYMOND W	
STREET ADDRESS	230 BRANTLEY ST.	
CITY-ST-ZIP	PALM BAY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	178 DelMundo St nw	
CITY-ST-ZIP	PALM BAY FL. 32907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1112 Citrus Ave ne	
CITY-ST-ZIP	PALM BAY FL. 32907	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Palm Bay FL. 32909	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Sandra J Hough, Corp Sec. 01-19-04 321-725-2995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #