


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90318 048 ***150.00

DOCUMENT # P17478

1. Entity Name
R.S. HUGHES COMPANY, INC.



Principal Place of Business
**1162 SONORA COURT
 SUNNYVALE CA 94086
 US**

Mailing Address
**1162 SONORA COURT
 ATTN: THOMAS SMITH
 SUNNYVALE CA 94086
 US**

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

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

City & State

Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**PAGE, MIKE
 4424-B SEABOARD
 P.O. BOX 680459
 ORLANDO FL 32868**

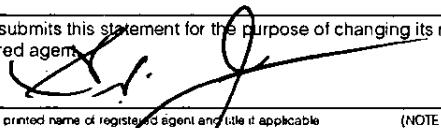
7. Name and Address of New Registered Agent

Name
GEORGE JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
8405 N. W. 74TH STREET

City
MIAMI FL Zip Code
33166

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 **4/6/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTER, THOMAS P O BOX 3520 MODESTO CA 95352	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, CAROLYN PO BOX 8544 RANCHO SANTA FE CA 92067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, L.P. 17 MONTEREY PINE DR NEWPORT COAST CA 92657	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZIMMERMAN, GAIL 1162 SONORA CT. SUNNYVALE CA 94086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, JOE 1608 MIRROR LAKE DRIVE NAPERVILLE IL 60653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, BARBARA 2530 IRISH HILLS COURT LOS OSOS CA 93402-4449	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **4/18/05** DAYTIME PHONE #: **408 739-3211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR