


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 195163</b>	
1. Entity Name <b>ALBERT HUGO ASSOCIATES, INC.</b>	

Principal Place of Business <b>3139 PHILIPS HWY JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>3139 PHILIPS HWY JACKSONVILLE, FL 32207 US</b>
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0777240</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>HUGO, RICHARD A. 3139 PHILIPS HWY JACKSONVILLE, FL 32207</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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	VD HAPSIS, MARILYN 3139 PHILIPS HWY JACKSONVILLE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGO, RICHARD A 3139 PHILIPS HWY JACKSONVILLE, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGO, CHARLES P 3139 PHILIPS HWY. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/07-80012-002 150.00

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]* **Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 1904/396-2233  
Date Daytime Phone #