

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # 195163

1. Entity Name
ALBERT HUGO ASSOCIATES, INC.

Principal Place of Business
**3139 PHILIPS HWY
 JACKSONVILLE, FL 32207 US**

Mailing Address
**3139 PHILIPS HWY
 JACKSONVILLE, FL 32207 US**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-0777240** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUGO, RICHARD A.
 3139 PHILIPS HWY
 JACKSONVILLE, FL 32207**

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, 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	VD
NAME	HAPSI, MARILYN
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0,
TITLE	PD
NAME	HUGO, RICHARD A
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0,
TITLE	STD
NAME	HUGO, CHARLES P
STREET ADDRESS	3139 PHILIPS HWY.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000787114
 01/17/08-80070-003 150.00

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: _____ DATE: **1/17/08** DAYTIME PHONE: **(904) 396-2233**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR