

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # 195163**  
 1. Entity Name  
**ALBERT HUGO ASSOCIATES, INC.**



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


2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

FILED

08 OCT -6 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09302008      Chg-P      CR2E034 (12/06)

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

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

**6. Name and Address of Current Registered Agent**  
**HUGO, RICHARD A.**  
**3139 PHILIPS HWY**  
**JACKSONVILLE, FL 32207**

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

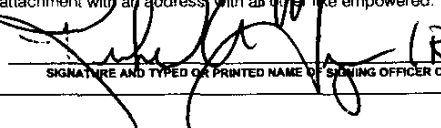
**Amended AR is \$61.25**

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

10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	HAPSI, MARILYN
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0,
TITLE	PD <input type="checkbox"/> Delete
NAME	HUGO, RICHARD A
STREET ADDRESS	3139 PHILIPS HWY
CITY-ST-ZIP	JACKSONVILLE, FL 0,
TITLE	<del>SD</del> SD <input type="checkbox"/> Delete
NAME	HUGO, CHARLES P
STREET ADDRESS	3139 PHILIPS HWY.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	TD <input type="checkbox"/> Delete
NAME	Hugo, Mathew A
STREET ADDRESS	3139 Philips Hwy
CITY-ST-ZIP	Jacksonville, FL 32207
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100136750371
CITY-ST-ZIP	10/08/08--01035--014 **\$61.25
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	
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 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:**  (Richard A. Hugo, Pres)      Date: 8/30/08      Daytime Phone #: (904) 396-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS