

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90016 014 ***150.00

DOCUMENT # 492827

1. Entity Name

HUGHES FLYING SERVICE, INC.



Principal Place of Business

Mailing Address

14532 SW 129TH ST
HANGER 229 STE 5 ~~delete~~
MIAMI FL 33186

14532 SW 129TH ST
HANGER 229 STE 5 ~~delete~~
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

14532 SW 129 ST
Suite, Apt. #, etc.

14532 SW 129 ST
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33186

Country

US

Zip

33186

Country

US



MOORE

CR2E034 (11/03)

4. FEI Number

59-1635678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAGLE, PETER B
7211 S.W. 62 AVE.
SUITE 201
MIAMI FL 33143

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HUGHES, JAMES R JR ☐ Delete
STREET ADDRESS 14532 SW 129 ST
CITY-ST-ZIP MIAMI FL 33186

TITLE SEC. ☐ Change ☒ Addition
NAME Doreen Boyer
STREET ADDRESS 14532 SW 129 ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE SEC. ☐ Delete
NAME Doreen Boyer
STREET ADDRESS 14532 SW 129 ST
CITY-ST-ZIP MIAMI, FL 33186 **ADDITION**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James R Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Hughes

2-11-04 305-253-7248
Date Daytime Phone #