

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 561585

Entity Name
HUGHES NURSERY, INC.



Principal Place of Business
**12980 TARPON SPRINGS ROAD
ODDESSA, FL 33556**

Mailing Address
**12980 TARPON SPRINGS ROAD
ODDESSA, FL 33556**



01062006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1859611	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HUGHES, GEORGE W
5009 SW OAKWOOD AVE
ARCADIA, FL 34269**

**DO NOT WRITE
IN THIS SPACE**

I, 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 *Daron Slusser, Aaron Slusser Accountant* 01/20/06
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, 2006 Fee will be \$550.00**

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

1100001358135
01/30/06-80079-014 150.00

OFFICERS AND DIRECTORS

NAME	PD HUGHES, GEORGE W I
STREET ADDRESS	5009 SW OAKWOOD AVE
CITY-ST-ZIP	ARCADIA, FL 34269

NAME	ST HUGHES, SUZANNE N
STREET ADDRESS	5009 SW OAKWOOD AVE
CITY-ST-ZIP	ARCADIA, FL 34269

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/06 *813-920-3000*
Date Daytime Phone #