

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90020 029 ***158.75

DOCUMENT # F01000000312

1. Entity Name
HUGHES RELOCATION SERVICES, INC.



Principal Place of Business
**450 NORTH BROAD STREET
DOYLESTOWN, PA 18901**

Mailing Address
**450 NORTH BROAD STREET
DOYLESTOWN, PA 18901**

40023196



2. Principal Place of Business - No P.O. Box #
6120 A Easton Rd
Suite, Apt. #, etc.

3. Mailing Address
6120 A Easton Rd
Suite, Apt. #, etc.

02162007 Chg-P CR2E034 (12/06)

City & State
Pipersville, PA
Zip
18947 Country
USA

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Pipersville, PA
Zip
18947 Country
USA

4. FEI Number
23-2198599
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 _____ (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 **P** ☐ Delete
NAME **HUGHES, ROBERT M**
STREET ADDRESS **1406 BLUE BELL PENLLYN PIKE**
CITY-ST-ZIP **BLUE BELL, PA 19422**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6120 A Easton Rd.**
CITY-ST-ZIP **Pipersville, PA 18947**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07 **1-800-445-2121**
Date Daytime Phone #