



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90030 022 \*\*\*150.00

<b>DOCUMENT # F05067</b> 1. Entity Name <b>R. HUGHES, INC.</b>					
Principal Place of Business <b>7128 RAMTOH DR JACKSONVILLE, FL 32226</b>			Mailing Address <b>7128 RAMTOH DR JACKSONVILLE, FL 32226</b>		
2. Principal Place of Business <b>7182 RAMOTH DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>7182 RAMOTH DR</b> Suite, Apt. #, etc.		<b>94035229</b>  	
City & State <b>JACKSONVILLE, FL</b> Zip Country <b>32226</b>		City & State <b>JACKSONVILLE, FL</b> Zip Country <b>32226</b>		4. FEI Number <b>59-2052399</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BERNARD, RUTHENE H. 333 OCEAN AVE FERNANDINA BEACH, FL 32034</b>			7. Name and Address of New Registered Agent Name <b>BERNARD, RUTHENE H</b> Street Address (P.O. Box Number is Not Acceptable)  <b>7182 RAMOTH DR.</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32226</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BERNARD, RUTHENE H 7128 RAMOTH DR JACKSONVILLE, FL 32226		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BERNARD, RUTHENE H 7182 RAMOTH DR JACKSONVILLE, FL 32226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 of an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Ruthene Hughes Bernard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03/23/04 904-710-8040 Date Daytime Phone #		