


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jul 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G52414**  
 1. Entity Name  
**HUGHES, SNELL & CO., P.A.**



Principal Place of Business      Mailing Address  
**1470 ROYAL PALM SQUARE BLVD.**      **1470 ROYAL PALM SQUARE BLVD.**  
**FORT MYERS, FL 33919**      **FORT MYERS, FL 33919**

**DO NOT WRITE IN THIS SPACE**



06302005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-2309183</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**SNELL, FRANK A.**  
**1470 ROYAL PALM SQ. BLVD**  
**FORT MYERS, FL 33919**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDIN, PATTI 8170 DOSONTE LN N FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COURTWRIGHT, WILLIAM J 1470 ROYAL PALM SQUARE BLVD FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNELL, FRANK A 1470 ROYAL PALM SQ. BLVD FT FMYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, SHARON M 1470 ROYAL PALM SQUARE BLVD. FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIVENS, NANCY 1470 ROYAL PALM SQ. BLVD FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGHES, WILLIAM C 1470 ROYAL PALM SQ. BLVD. FORT MYERS, FL 33919

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **FRANK SNELL**      **6/30/05**      **239-939-2237**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #