2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 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. FORT MYERS, FL 33919	1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919

02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2309183
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HARDIN, PATTI
STREET ADDRESS	6170 DOSONTE LN
CITY-ST-ZIP	N FORT MYERS, FL 33917
TITLE	VPD
NAME	COURTWRIGHT, WILLIAM J
STREET ADDRESS	1470 ROYAL PALM SQUARE BLVD
CITY-ST-ZIP	FORT MYERS, FL
TITLE	P
NAME	SNELL, FRANK A
STREET ADDRESS	1470 ROYAL PALM SQ. BLVD
CITY-ST-ZIP	FT FMYERS, FL
TITLE	VPD
NAME	THOMPSON, SHARON M
STREET ADDRESS	1470 ROYAL PALM SQUARE BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	VP
NAME	GIVENS, NANCY
STREET ADDRESS	1470 ROYAL PALM SQ. BLVD
CITY-ST-ZIP	FT MYERS, FL
TITLE	VP
NAME	HUGHES, WILLIAM C
STREET ADDRESS	1470 ROYAL PALM SQ. BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33919

100000449376
03/03/06-80012-004 150.00

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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: _____ 2/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #