


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # G52414 1. Entity Name HUGHES, SNELL & CO., P.A.	
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Principal Place of Business 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919	Mailing Address 1470 ROYAL PALM SQUARE BLVD. FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2309183	Applied For 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 SNELL, FRANK A. 1470 ROYAL PALM SQ. BLVD FORT MYERS, FL 33919
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000652401 03/12/07-80016-020 150.00
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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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IN THIS SPACE**

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:  **2/26/07 239-959-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #