

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G52414

FILED
Mar 11, 2010
Secretary of State

Entity Name: HUGHES, SNELL & CO., P.A.

Current Principal Place of Business:

1470 ROYAL PALM SQUARE BLVD.
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1470 ROYAL PALM SQUARE BLVD.
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-2309183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELL, FRANK A.
1470 ROYAL PALM SQ. BLVD
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD
Name: HARDIN, PATTI R
Address: 1470 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: VPD
Name: COURTWRIGHT, WILLIAM J
Address: 1470 ROYAL PALM SQUARE BLVD
City-St-Zip: FORT MYERS, FL

Title: PD
Name: SNELL, FRANK A
Address: 1470 ROYAL PALM SQ. BLVD
City-St-Zip: FT FMYERS, FL

Title: VPD
Name: THOMPSON, SHARON M
Address: 1470 ROYAL PALM SQUARE BLVD.
City-St-Zip: FT. MYERS, FL 33919

Title: VPD
Name: TREISE, LINDA M
Address: 1470 ROYAL PALM SQ. BLVD
City-St-Zip: FT MYERS, FL 33919

Title: VPD
Name: HUGHES, WILLIAM C
Address: 1470 ROYAL PALM SQ. BLVD.
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK A. SNELL

PD

03/11/2010

Electronic Signature of Signing Officer or Director

_____ Date