

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H01469

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** JIM HUGHES, CLU, INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

20341 OLD CUTLER RD  
MIAMI, FL 331891831 US

**New Principal Place of Business:**

20341 OLD CUTLER RD  
CUTLER BAY, FL 331891831 US

**Current Mailing Address:**

20341 OLD CUTLER RD  
MIAMI, FL 331891831 US

**New Mailing Address:**

20341 OLD CUTLER RD  
CUTLER BAY, FL 331891831 US

**FEI Number:** 59-2398232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUGHES, CARL J., CLU  
17244 SW 112TH PL.  
MIAMI, FL 33157 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

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: HUGHES, CARL J  
Address: 17244 SW 112TH PL.  
City-St-Zip: MIAMI, FL 33157

Title: VS  
Name: HUGHES, FLORENCE H  
Address: 2690 DUNE RD  
City-St-Zip: HIAWASSEE, GA 30546

Title: VP  
Name: JACQUELINE H BERTELSON  
Address: 8774 SW 213 TERRACE  
City-St-Zip: CUTLER BAY, FL 33189 US

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: CARL J HUGHES

PT

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date