

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14087

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** MONICA L. HUGHES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

C/O MONICA L HUGHES  
12554 STARKEY RD  
LARGO, FL 337732615 US

**New Principal Place of Business:**

**Current Mailing Address:**

12554 STARKEY RD  
LARGO, FL 337732615 US

**New Mailing Address:**

C/O MONICA L HUGHES  
12554 STARKEY RD  
LARGO, FL 337732615 US

FEI Number: 59-2433020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUGHES, MONICA L.  
12554 STARKEY RD.  
LARGO, FL 33773 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, MONICA L.  
Address: 12554 STARKEY RD.  
City-St-Zip: LARGO, FL 33773

Title: VPS  
Name: HUGHES, RANDALL  
Address: 12554 STARKEY RD.  
City-St-Zip: LARGO, FL 33773

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: MONICA L. HUGHES

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02/09/2011

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

\_\_\_\_\_ Date