

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90033 025 \*\*\*150.00

**DOCUMENT # J34761**

1. Entity Name

HUGHES & BUTTERWORTH ADVERTISING, INC.



Principal Place of Business

2545 SOUTH STREET  
LEESBURG FL 34748

Mailing Address

2545 SOUTH STREET  
LEESBURG FL 34748



2. Principal Place of Business - No P.O. Box #

427 S. Ninth Street

3. Mailing Address

PO Box 491668

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-2717908

Applied For

Not Applicable

Zip

34748

Country

Lake

Zip

347-49-1668

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JOYCE  
~~2545 SOUTH STREET~~  
LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name

Joyce Hughes

Street Address (P.O. Box Number is Not Acceptable)

427 S. Ninth Street

City

Leesburg

FL

Zip Code

34748

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 Joyce Hughes

Signature, typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent signature required when terminating)

3/12/08

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, JAY	
STREET ADDRESS	2545 SOUTH STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUGHES, JOYCE	
STREET ADDRESS	2545 SOUTH STREET	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Butterworth, Jay	
STREET ADDRESS	427 S. Ninth Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Hughes	
STREET ADDRESS	427 S. Ninth Street	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jay Butterworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/08

352-728-5810