


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # J35735 1. Entity Name HUGHES ELECTRICAL SERVICES, INC.	
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Principal Place of Business 13196 - 87 AVE. N. SEMINOLE, FL 33776	Mailing Address 13196 - 87 AVE. N. SEMINOLE, FL 33776
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DO NOT WRITE IN THIS SPACE



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2721498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GODDARD, FRANK W. 2959 FIRST AVE. N. ST. PETERSBURG, FL 33733-3576
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000562414 05/19/06-80053-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, OTTO L PD 13196 - 87 AVE. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGHES, DENISE C STD 13196 - 87 AVE. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLAIR, ROBERT L V 1488 PINEBROOK DR CLEARWATER, FL 34615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Denise C. Hughes 52D 727-391-7191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #