


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90309 027 \*\*\*150.00

<b>DOCUMENT # J72728</b>	
1. Entity Name <b>HUGHEY CONSTRUCTION, INC.</b>	

Principal Place of Business <b>RT. 2 BOX 6289 MADISON FL 32340 US</b>	Mailing Address <b>RT. 2 BOX 6289 MADISON FL 32340 US</b>
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2. Principal Place of Business <b>558 NE Dusty Miller Ave.</b> Suite, Apt. #, etc.	3. Mailing Address <b>558 NE Dusty Miller Ave.</b> Suite, Apt. #, etc.
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City & State <b>Madison FL</b>	City & State <b>Madison FL</b>
Zip <b>32340</b>	Zip <b>32340</b>
Country	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>HUGHEY, JAMES FREDERICK RT. 2 BOX 6289 MADISON FL 32340</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>558 NE Dusty Miller Ave.</b> City <b>Madison</b> State <b>FL</b> Zip Code <b>32340</b>
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUGHEY, JAMES FREDERICK RT. 2 BOX 6289 MADISON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>558 NE Dusty Miller Ave Madison, FL 32340</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.