



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90044 047 ***150.00

DOCUMENT # K98543 1. Entity Name HUGHEY AND ASSOCIATES CONSTRUCTION INC.					
Principal Place of Business 119C CORPORATION WAY VENICE FL 34292 US			Mailing Address P.O. BOX 1892 VENICE FL 34284 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip 34285 Country		City & State Zip Country		4. FEI Number 65-0130670 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent HUGHEY, ARNOLD W. JR. 114 G CORPORATION WAY VENICE FL 34292					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 119C Corporation Way City FL Zip Code 34285					
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP HUGHEY, ARNOLD W. JR. 119C CORPORATION WAY VENICE FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHERMAN, STEPHEN 119C CORPORATION WAY VENICE FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILLIS, CATHY A 119C CORPORATION WAY VENICE FL 34292 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 34285	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-02-04 941-483-490