



**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000052828 1. Entity Name HUGHES WOODWORKS, LLC	
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Principal Place of Business 4971 LIVEOAK CHURCH RD CRESTVIEW, FL 32539	Mailing Address 4971 LIVEOAK CHURCH RD CRESTVIEW, FL 32539
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DO NOT WRITE IN THIS SPACE



08152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0482345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMSON, A. WAYNE WELTON & WILLIAMSON, LLC 1020 FERDON BLVD. SOUTH CRESTVIEW, FL 32536	DO NOT WRITE IN THIS SPACE
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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  DATE **9-1-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

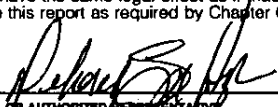
**Filing Fee Is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUGHES, JOEL D 202 NATHEY ST NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUGHES, DEBORAH L 4791 LIVE OAK CHURCH ROAD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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09/06/06-80002-022 55.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Deborah L. Hughes**  DATE **9/1/06** DAYTIME PHONE # **850/482/3328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE