

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052828

FILED
Jul 09, 2007
Secretary of State

Entity Name: HUGHES WOODWORKS, LLC

Current Principal Place of Business:

4971 LIVEOAK CHURCH RD
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

4971 LIVEOAK CHURCH RD
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 20-0482345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMSON, A. WAYNE
WELTON & WILLIAMSON, LLC
1020 FERDON BLVD. SOUTH
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

HUGHES, JOEL D.
HUGHES WOODWORKS LLC
4791 LIVE OAK CHURCH ROAD
CRESTVIEW, FL 32539 US

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.

SIGNATURE: JOEL D. HGUHES

07/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUGHES, JOEL D
Address: 202 NATHEY ST
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: HUGHES, DEBORAH L
Address: 4791 LIVE OAK CHURCH ROAD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL D. HUGHES

MGRM

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date