

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L26181

1. Entity Name
HUS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**4005 DEL PRADO BLVD
CAPE CORAL, FL 33904 US**

Mailing Address
**4005 DEL PRADO BLVD
CAPE CORAL, FL 33904 US**



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2974575	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

**SILK, JOHN, E
4005 DELPRADO BLVD.
CAPE CORAL, FL 33904**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	SILK, JOHN, E
STREET ADDRESS	4005 DEL PRADO BLVD
CITY - ST - ZIP	CAPE CORAL, FL 339047160

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NAME	SILK, JOHN, E
STREET ADDRESS	4005 DEL PRADO BLVD
CITY - ST - ZIP	CAPE CORAL, FL 339047160

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000394666
01/26/06-80020-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 239.595.5023
Date Daytime Phone #