2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L97508

1. Entity Name
JIM HUGHES ELECTRIC COMPANY, INC.

Principal Place of Business	Mailing Address
94 DOLPHIN CIRCLE NAPLES, FL 34113-4016	94 DOLPHIN CIRCLE NAPLES, FL 34113-4016 US

02112005 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0222735

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, JIM
94 DOLPHIN CIRCLE
NAPLES, FL 33962

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$6.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HUGHES, JIM
STREET ADDRESS	94 DOLPHIN CIRCLE
CITY-ST-ZIP	NAPLES, FL 341134016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/14/05 239-394-7314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #