

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L99322**

1. Entity Name  
**HUGHES TECHNOLOGIES, INC.**



Principal Place of Business  
**6279 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33437**

Mailing Address  
**6279 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33437**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0285083**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**HUGHES, LAWRENCE  
6279 WINDLASS CIRCLE  
BOYNTON BEACH, FL 33437**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HUGHES, LAWRENCE
STREET ADDRESS	6279 WINDLASS CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD
NAME	HUGHES, RAYMOND
STREET ADDRESS	6328 SILVER MOON LANE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	S
NAME	HUGHES, BARBARA
STREET ADDRESS	6328 SILVER MOON LANE
CITY-ST-ZIP	GREENACRES, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/05-80078-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Raymond Hughes, Vice Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Raymond E. Hughes*

*1/11/05*  
Date

*(561) 733-1146*  
Daytime Phone #