



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90307 050 ****61.25

DOCUMENT # N02000000681 1. Entity Name FLHUG, INC.					
Principal Place of Business ATTN: JAMES F. DEMAY 601 E. KENNEDY BLVD., 22ND FLOOR TAMPA, FL 33602				Mailing Address ATTN: JAMES F. DEMAY 601 E. KENNEDY BLVD., 22ND FLOOR TAMPA, FL 33602	
2. Principal Place of Business Shannon R. Budd Suite, Apt. #, etc. Suite 250 3600 W. Sovereign Path, Suite 250		3. Mailing Address Shannon R. Budd Suite, Apt. #, etc. Suite 250 3600 W. Sovereign Path			
City & State Lecanto, FL		City & State Lecanto, FL		02212005 Chg-NP CR2E037 (10/03)	
Zip 34461		Country USA		4. FEI Number 04-3601190	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEMAY, JAMES F 601 E. KENNEDY BOULEVARD 22ND FLOOR TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Shannon R. Budd Street Address (P.O. Box Number is Not Acceptable) 3600 W. Sovereign Path Suite 250 City Lecanto FL Zip Code 34461		
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: <i>Shannon R. Budd, Secretary/Treasurer</i> 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHLONG, MELISSA 200 W TYLER ST TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chiong, Melissa 200 W Tyler Street Tampa, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEMAY, JAMES F 601 E. KENNEDY BOULEVARD TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODEN, KIMBERLY M 2401 SE MONTEREY RD STUART, FL 34996	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODEN, KIMBERLY M 2401 SE MONTEREY RD STUART, FL 34996	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Roden, Kimberly M 2401 SE Monterey Road Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Budd, Shannon R 3600 W Sovereign Path, Suite 250 Lecanto, FL 34461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Budd, Shannon R 3600 W Sovereign Path, Suite 250 Lecanto, FL 34461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 617, 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: <i>Shannon R. Budd, Sec/Treasurer</i> 4/25/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					