


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008108 1. Entity Name THE HUGHES CEMETERY, INC.	
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Principal Place of Business 2600 C.H. ARNOLD RD ST AUGUSTINE, FL 32092	Mailing Address 2600 C.H. ARNOLD RD ST AUGUSTINE, FL 32092
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2421331	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARR ANDREWS, VICKIE RENEE 2600 C.H. ARNOLD RD ST AUGUSTINE, FL 32092

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEVENS CARR, ANNETTE I 2724 S. COLLINS AVE. ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEVENS LAMBERT, SARAH MELINDA 3076 EAST ANDERSON DR. LITHIA SPRINGS, GA 30057
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARR ANDREWS, VICKIE RENEE 2600 CH ARNOLD RD. ST. AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000303378 04/13/05-80110-017 61.25</p> 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)(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: Vickie C. Andrews 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #