## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 08, 2006 8:00 am Secretary of State **DOCUMENT # P00000052764** 02-08-2006 90010 021 \*\*\*150.00 MAUREEN HUGHES, INC. Principal Place of Business Mailing Address 9302 154TH RD N 9302 154TH RD N JUPITER FL 33478 JUPITER, FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 65-1008850 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent tuahes SOUTHWEST PROFESSIONAL SERVICES OF FT.MYER 13571 MCGREGOR BLVD., #22 FT. MYERS, FL 33919 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Maureen 2-2-06 SIGNATURE. typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Delete ☐ Addition HUGHES, MAUREEN NAME NAME STREET ADDRESS STREET ADDRESS 9302 154TH RD NORTH CITY-ST-78P JUPITER, FL 33478 CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE The late ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP 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 regeiver 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 an other like empowered.

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ME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE:

FILED