


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000099904</b> 1. Entity Name <b>MCHUGH ENTERPRISES, INC.</b>	
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Principal Place of Business <b>21044 LEONARD ROAD LUTZ, FL 33558</b>	Mailing Address <b>5397 PATRICIA PLACE SPRING HILL, FL 34607</b>
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**DO NOT WRITE IN THIS SPACE**



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3677688</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MCHUGH, A. LYNNE 5397 PATRICIA PLACE SPRING HILL, FL 34607</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCHUGH, A. LYNNE 5397 PATRICIA PLACE SPRING HILL, FL 34607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T MCHUGH, MICHAEL 5397 PATRICIA PLACE SPRING HILL, FL 34607</b>
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**DO NOT WRITE  
IN THIS SPACE**

U00000500263  
04/25/06-80016-004 150.00

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 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: *Alynn Mchugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-279-0086 4/6/06  
Date Daytime Phone #