

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90276 050 \*\*\*150.00

DOCUMENT # P01000028101

1. Entity Name  
HUES DESIGN, INC.



Principal Place of Business  
1717 NW 39 STREET  
OAKLAND PARK, FL 33309

Mailing Address  
1717 NW 39 STREET  
OAKLAND PARK, FL 33309

60027401



2. Principal Place of Business

12929 MANDARIN POINT LN.  
Suite, Apt. #, etc.

3. Mailing Address

12929 MANDARIN POINT LN.  
Suite, Apt. #, etc.

04082006

Chg-P

CR2E034 (11/05)

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

65-1088456

Applied For

Not Applicable

Zip

32223

Country

USA

Zip

32223

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, LINDA KAY  
1717 NW 39 STREET  
OAKLAND PARK, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12929 MANDARIN POINT LANE

City

JACKSONVILLE

FL

Zip Code

32223

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, 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 D  
NAME SMITH, LINDA KAY  
STREET ADDRESS 1717 NW 39 STREET  
CITY-ST-ZIP OAKLAND PARK, FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 12929 MANDARIN POINT LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Linda K. Smith*

LINDA K. SMITH, OWNER/PRES. 4/08/06 904-292-0901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #