


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000031739</b> 1. Entity Name <b>HUGHES HOMES, INC.</b>					
Principal Place of Business <b>11108 FAIRBANKS GRANT ROAD W JACKSONVILLE FL 32223</b>			Mailing Address <b>PO BOX 57302 JACKSONVILLE FL 32241</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3730151</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent  <b>HUGHES, SCOTT 11108 FAIRBANKS GRANT ROAD W JACKSONVILLE FL 32223</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>HUGHES, RANDALL S</b> <b>11108 FAIRBANKS GRANT ROAD W</b> <b>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>U01000442028</b>  <b>03/04/06-80002-015 150.00</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>HUGHES, DANA</b> <b>11108 FAIRBANKS GRANT ROAD W</b> <b>JACKSONVILLE FL 32223</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-15-06 (904) 262-2841**