


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90014 034 ***150.00

DOCUMENT # P01000037201 1. Entity Name RAY HUGHES HOMES, INC.																													
Principal Place of Business P.O. BOX 653 FORSYTH, GA 31029 US			Mailing Address P.O. BOX 653 FORSYTH, GA 31029 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-3712298																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent GENEVIEVE TARRIS 313 GRANADA DRIVE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name DR. PATRICIA McEwen Street Address (P.O. Box Number is Not Acceptable) 1014 VISTA OAKS CIRCLE City PALM BAY FL Zip Code 32905																									
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 <u><i>Patricia McEwen</i></u> (NOTE: Registered Agent signature required when renewing) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>DPST HUGHES, CHARLES R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 MONROE PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORSYTH, GA 31029</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	DPST HUGHES, CHARLES R		STREET ADDRESS	101 MONROE PLACE		CITY-ST-ZIP	FORSYTH, GA 31029		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Charles R Hughes</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-05-06 Date																										
Daytime Phone #																													