2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000045015 1. Entity Name HUGH'S ELECTRIC, INC.		•
Principal Place of Business Mailing Address 2651 RIVERSIDE DR #5 CORAL SPRINGS, FL 33065 Mailing Address 2651 RIVERSIDE DR #5 CORAL SPRINGS, FL 33065		
DO NOT WRITE IN THIS SPA	CE	04232004 No Chg·P CR2E034 (10/03) 4. FEI Number Applied For S5-1096444 Not Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHANG, HUGH 2651 RIVERSIDE DR #5 CORAL SPRINGS, FL 33065		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 Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) PLATE FILE NOWILL FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 8e		
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	Add	ed to Fees
IIILE D CHANG, HUGH STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		000000130552 04/26/04-80123-016 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

954-471-6483

Daytime Phone #