

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90065 041 \*\*\*150.00

**DOCUMENT # P02000008938**

1. Entity Name

HOUGH MANAGEMENT SERVICES, INC.



Principal Place of Business

1301 GRASSLANDS BLVD.  
LAKELAND, FL 33803

Mailing Address

PO BOX 1838  
LAKELAND, FL 33802-1838

4000



**DO NOT WRITE IN THIS SPACE**

03092007 No Chg-P CR2E034 (11/05)

4. FEI Number

80-0029438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUCKEY, WARREN M  
1301 GRASSLANDS BLVD  
LAKELAND, FL 33803

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOUGH, JAMES N
STREET ADDRESS	1301 GRASSLANDS BLVD.
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VPD
NAME	LUCKEY, WARREN M
STREET ADDRESS	4020 GLEN GARRY RD. W
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 863-6870934  
Date Daytime Phone #