## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 19, 2004 08:00 AM Secretary of State **DOCUMENT # P02000039863** HUGHES CLEANING SERVICES CORP. Principal Place of Business Mailing Address 10426 WHITE LAKE CT 10426 WHITE LAKE CT APARTMENT 606 TAMPA, FL 33626 TAMPA, FL 33626 CR2E034 (10/03) 07122004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1993478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGHES, MARIA DO NOT WRITE 10426 WHITE LAKE CT **TAMPA, FL 33626** 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 DATE (FIOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \$5.00 May 8e corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PD 10017 NAME HUGHES, MARIA S 10426 WHITE LAKE CT STREET ADDRESS U00000166882 TAMPA, FL 33626 CITY-ST-ZIP 07/19/04-80002-012 150.00 BILE STREET ADDRESS CITY-ST-71P TITLE nane STREET ADDRESS DO NOT WRITE CITY-ST-ZiP 3133.E IN THIS SPACE NAME STREET ADDRESS City-St-ZiP เหเร NAME STREET ADDRESS City-St-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 cycleiver 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 affectingent with an address, with all other the empowered.

SIGNATURE:

HILE NAME STREET ADDRESS CRY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED