

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000068131</b>	
1. Entity Name <b>THE HUE TAILORING, INC.</b>	
Principal Place of Business <b>597 CENTRAL PARKWAY STUART, FL 34994</b>	Mailing Address <b>597 CENTRAL PARKWAY STUART, FL 34994</b>



**DO NOT WRITE IN THIS SPACE**

01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>81-0570341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**WALKS, HUE T  
1232 SW SEAHAWK WAY  
PALM CITY, FL 34990**

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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

*Hue T Walks*

Signature, typed or printed name of registered agent and fee applicant

(NOTE: Registered Agent signature required when changing agent)

**18 Apr 2005**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**P**  
**WALKS, HUE T**  
**1232 SW SEAHAWK WAY**  
**PALM CITY, FL 34990**

**V**  
**WALKS, RONALD E**  
**1232 SW SEAHAWK WAY**  
**PALM CITY, FL 34990**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY ST ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY ST ZIP**

**TITLE**  
**NAME**  
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**STREET ADDRESS**  
**CITY ST ZIP**

U000000317189  
04/20/05-80008-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 an other like empowered.

SIGNATURE:

*Hue T Walks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**18 Apr 2005**

Date

Display Phone #