

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90001 022 ***150.00

DOCUMENT # P02000082557

1. Entity Name

HUGHES SUNCOAST, INC.



Principal Place of Business

GATEWAY PROFFSIONAL CENTER
301 N. CATTLEMEN,STE. 205
SARASOTA FL 34232

Mailing Address

GATEWAY PROFFSIONAL CENTER
301 N. CATTLEMEN,STE. 205
SARASOTA FL 34232

2. Principal Place of Business

1928 SE 9th Terr.

3. Mailing Address

1928 SE 9th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

56-2284669

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

33990

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, DAVID W
GATEWAY PROFESSIONAL CENTER
SUITE 205 N. CATTLEMEN ROAD
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name **DAVID W HUGHES**

Street Address (P.O. Box Number is Not Acceptable)

1928 SE 9th TERR.

CAPE CORAL

City

FL

Zip Code

33990

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.

DAVID W. HUGHES

(NOTE: Registered Agent signature required when reinstating)

2/18/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME HUGHES, DAVID W
STREET ADDRESS SUITE 205 N.CATTLEMEN RD.(#301)
CITY-ST-ZIP SARASOTA FL 34232

TITLE DV ☐ Delete
NAME PATTEMORE, JANICE I
STREET ADDRESS SUITE 205 N.CATTLEMEN RD. (#301)
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME HUGHES, DAVID W
STREET ADDRESS 1928 SE 9th TERR.
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE DV ☒ Change ☐ Addition
NAME JANICE I HUGHES
STREET ADDRESS 1928 SE 9th TERR.
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

DAVID W. HUGHES

2/18/04

Date

239 478 0011

Daytime Phone #