

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AI)

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-22-2004 90037 021 ***158.75

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1. Entity Name

KIM HUGHES A.R.N.P., P.A.



Principal Place of Business

8000 RED BUGLAKE RD STE 260
OVIEDO FL 32765

Mailing Address

8000 RED BUGLAKE RD STE 260
OVIEDO FL 32765

66411104

2. Principal Place of Business

1511 W. BROADWAY
Suite, Apt. #, etc.

3. Mailing Address

1109 Black Acre Court South
Suite, Apt. #, etc.

City & State

OVIEDO, FL

Zip
32765

Country

U.S.A.

City & State

Winter Springs, FL

Zip
32708

Country

USA

4. FEI Number

14-1876392

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

HUGHES, KIM
8000 RED BUGLAKE RD STE-260
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name Kim Hughes

Street Address (P.O. Box Number is Not Acceptable)
1109 Black Acre Court South

City Winter Springs

FL

Zip Code

32708

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] Kim Hughes President

[Signature]

3/17/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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 D ☐ Delete
NAME HUGHES, KIM
STREET ADDRESS 1109 BLACK ACRE CT S
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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

Date

Daytime Phone #