


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000103465</b> 1. Entity Name <b>HUGHES CARPENTRY INC</b>	
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Principal Place of Business <b>993 WOODLAWN RD FREEPORT, FL 32439 US</b>	Mailing Address <b>993 WOODLAWN RD FREEPORT, FL 32439 US</b>
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**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0481217</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HUGHES, JACKIE 993 WOODLAWN RD FREEPORT, FL 32439</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, JACKIE 993 WOODLAWN RD FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIDDLETON, CHRISTIAN 201 E COLLEGE BLVD E APT 49 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHONES, JUSTIN L 201 COLLEGE BLVD E APT 38 NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HUGHES, DORA L 993 WOODLAWN RD FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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01/20/05-80033-002 150.00

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: <u>Jackie Hughes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1-14-2005</u> <small>Daytime Phone #</small>
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