

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Fla. Dept. of State
FILED

Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000103465	
1. Entity Name HUGHES CARPENTRY INC	



Principal Place of Business 993 WOODLAWN RD FREEPORT, FL 32439 US	Mailing Address 993 WOODLAWN RD FREEPORT, FL 32439 US
---	---



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent HUGHES, JACKIE 993 WOODLAWN RD FREEPORT, FL 32439
--

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

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	

U00000657224
03/14/07-80060-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jackie Hughes* Jackie Hughes 3-2-07 850-835-4613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #