

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90001 023 ***150.00

| | | | |
|--|--|--|---|
| DOCUMENT # P04000015926 1. Entity Name HUGHES CONSTRUCTION PROFESSIONALS INC | |  | |
| Principal Place of Business 396 S MAIN ST SUITE B CRESTVIEW, FL 32536 | | Mailing Address 396 S MAIN ST SUITE B CRESTVIEW, FL 32536 | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 698 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Crestview, FL | |
| Zip | | Zip 32536 | |
| Country | | Country Oklahoma | |
| 4. FEI Number 20-0655663 | | 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, BYRON SCOTT 396 S MAIN ST SUITE B CRESTVIEW, FL 32536 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HUGHES, BYRON SCOTT RT 1 BOX 210 A WING, AL 36442 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Hughes, Byron Scott 3776 Holland Lane Wing, AL 36483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WILLIAMS, SHIRYL JEANETTE 11855 COUNTY RD 4 FLOROLA, AL 36442 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Williams, Shiryl Jeanette 3678 Holland Lane Wing, AL 36483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Scott Hughes</u> | | Date: <u>9-4-06</u> Daytime Phone # | |