

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000015926

1. Entity Name
HUGHES CONSTRUCTION PROFESSIONALS INC



Principal Place of Business
396 S MAIN ST
SUITE B
CRESTVIEW, FL 32536

Mailing Address
PO BOX 698
CRESTVIEW, FL 32536

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000958782
09/03/08-80002-016 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE	P
NAME	HUGHES, BYRON SCOTT
STREET ADDRESS	3776 HOLLAND LN
CITY-ST-ZIP	WING, AL 36483
TITLE	S
NAME	WILLIAMS, SHIRYL JEANETTE
STREET ADDRESS	3678 HOLLAND LN
CITY-ST-ZIP	WING, AL 36483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott Hughes

8-22-08