2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2008 8:00 am Secretary of State DOCUMENT # P04000119732 1. Entity Name 02-07-2008 90016 045 ***150.00 JOHN HUGHES INSTALLATION CO. Principal Place of Business Mailing Address 1006 RIDGE ST NAPLES FL 34103 1006 RIDGE ST NAPLES FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FE! Number City & State Applied For 20-2150931 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Marrie HUGHES, JOHN E Street Address (P.O. Box Number is Not Acceptable) 1006 RIDGE ST NAPLES FL 34103 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, typod or prened name of registered agent and title if applicable, (NOTE: Registered Agent eigenture requirers when reinstitting) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENIT Change TITLE Delete TITLE ☐ Addition HUGHES, JOHN E NAME NAME STREET ADDRESS 1006 RIDGE ST STREET ADDRESS CITY-ST-7IP NAPLES FL 34103 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-719 CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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 eaddress, with all other like/empowered.

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED