2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P04000125059 1. Entity Name HUGHES BROTHERS INC						04-22-2005 90	0294 041	***150.0	O	
Principal Place of Business 1792 BLUE OAK CIRCLE DELAND, FL 32720 US		Mailing Address 1792 BLUE OAK CIRCLE DELAND, FL 32720 US				200424	59			
2. Principal Place of Business 132 Robinhood Da 132 Robinhood Suite, Apt. #, etc. Suite, Apt. #, etc.			1 Da	:	02262005 Chg-P CR2E034 (10/03)					
City & State		City & State Deland.	£1		4. FEI Number	393064		<u> </u>	plied For I Applicable	
Zip - 3272	Country	{	Country			f Status Desired		8.75 Add	itional	
	6. Name and Address of Current I				7. Name and	Address of New Re			 5_:===	
HUGHES, DANIEL C 1792 BLUE OAK CIRCLE DELAND, FL 32720				Name Hughes, Daniel Street Address (P.O. Box Number is Not Acceptable) 132 Robin Land De						
! 			City		KODINI KODINI	nosd Da	FL	Zip Code	724	
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 prited name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.										
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFFI	CERS AND		S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, DANIEL C 1792 BLUE OAK CIRCLE DELAND, FL 327204424	□ Detete	NAME STREET ADDRESS CITY-ST-ZIP	132	Robin	-)a 724	X Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSEL, STEVEN 1004 W BERESFORD AVE DELAND, FL 32720	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	·		·	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S/T HUGHES, DANIEL C 1792 BLUE OAK CIRCLE DELAND, FL 32720	— Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	132 De	2 Rob:	whood T)2 .724	Change ·	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP					☐ Change	Addition	
12. I hereby of indicated of the corchanged	certify that the information supplied with lon this report or supplemental report is reportation or the receiver or trustee Importation or the receiver or trustee Importation or an attachment with an address, we can an attache the second supplement with an address, we can also the second supplement with an address, we can also the second supplement with an address.	this filing does not qualify for the true and accurate and that my si towered to execute this report as r with all other like empowered.	exemption stati ignature shall ha equired by Cha	ed in Se ave the pter 607	oction 119.07(3)(i same legal effect 7, Florida Statutes	, Florida Statutes. I as if made under o ; and that my name	further certinath; that I as appears in	ify that the in m an officer Block 10 or	formation or director Block 11 if	