

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000060865

FILED
Nov 02, 2006
Secretary of State

Entity Name: HUGHES & ASSOCIATES SURVEYING INC

Current Principal Place of Business:

782 NW AVENS STREET
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

782 AVENS STREET
PORT ST LUCIE, FL 34983 US

Current Mailing Address:

782 NW AVENS STREET
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 20-2731998 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDING, CHRISTOPHER D
782 NW AVENS STREET
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHRISTOPHER D. GOLDING

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HUGHES, ANDREW L
Address: 782 NW AVENS STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: VP () Delete
Name: GOLDING, CHRISTOPHER
Address: 4355 SW SAVONA BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: TREA (X) Delete
Name: HUGHES, HERBERT
Address: 782 NW AVENS STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: SECR () Delete
Name: HUGHES, SOFIA
Address: 782 NW AVENS STREET
City-St-Zip: PORT ST LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW HUGHES

PRES

11/02/2006

Electronic Signature of Signing Officer or Director

Date