

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2. **FILED**
Mar 01, 2007 8:00 am
Secretary of State

02-08-2007 90041 042 ***150.00

DOCUMENT # P06000153960 1. Entity Name HUGHES SITEWORK & UTILITIES, INC.																																				
Principal Place of Business 31750 STATE RD. 64 EAST MYAKKA CITY, FL 34251			Mailing Address 31750 STATE RD. 64 EAST MYAKKA CITY, FL 34251																																	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																		
02012007 Chg-P CR2E034 (12/06)				4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-8015491</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;"> Applied For <input type="checkbox"/> Not Applicable </div>																																
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																				
6. Name and Address of Current Registered Agent REAUME, DALE M. 31750 STATE RD. 64 EAST MYAKKA CITY, FL 34251			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 renewing)</small>																																				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 65%;"> D HUGHES, REMER A. 69 ST. NW BRADENTON, FL 34209 </td> <td style="width: 20%; text-align: right; font-size: small;"><input type="checkbox"/> Delete</td> </tr> <tr> <td> D REAUME, DALE M. 31750 STATE RD. 64 EAST MYAKKA CITY, FL 34251 </td> <td> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td> </td><td><input type="checkbox"/> Delete</td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 20%;"></td> </tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr> <tr><td> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td><td></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HUGHES, REMER A. 69 ST. NW BRADENTON, FL 34209	<input type="checkbox"/> Delete	D REAUME, DALE M. 31750 STATE RD. 64 EAST MYAKKA CITY, FL 34251	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>DALE M. REAUME</u> DALE M. REAUME <u>2/5/06</u> <u>(941) 750-6456</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phone #</small>																																				