## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000071652

Entity Name: HUES CO., INC.

FILED Jan 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5450 BRUCE B. DOWNS BLVD. SUITE 337 WESLEY CHAPEL, FL 33544 **Current Mailing Address: New Mailing Address:** 5450 BRUCE B. DOWNS BLVD. SUITE 337 WESLEY CHAPEL, FL 33544 FEI Number: 80-0268843 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELLS, DEE DEE A 5450 BRUCE B. DOWNS BLVD. SUITE 337 WESLEY CHAPEL, FL 33544 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition WELLS, DEE DEE A Name: Name: 5450 BRUCE B. DOWNS BLVD., SUITE 337 Address: Address: City-St-Zip: WESLEY CHAPEL, FL 33544 City-St-Zip: Title: Title: () Delete () Change () Addition WHITE, ANNETTE W Name: Name: 1337 WINDING MEADOWS ROAD Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ( ) Delete Title: Title: VC. () Change () Addition WELLS, OLIVER W Name: Name: 246 ORANGE STREET Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: () Delete Title: () Change () Addition WELLS, WILLIE O JR. Name: Name: Address: 246 ORANGE STREET Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: VC Title: ( ) Delete () Change () Addition WELLS, WILLIE O SR. Name: Name: 246 ORANGE STREET Address: Address: City-St-Zip: COCOA, FL 32922 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WELLS, DEE DEE A Name: Name: 246 ORANGE STREET Address: Address: City-St-Zip: City-St-Zip: COCOA, FL 32922

I hereby certify that the information supplied with this filing does not qualify 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: DEE A. WELLS C 01/20/2009