

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000023386

1. Entity Name
HUGHES HUGHES INC.



Principal Place of Business
728 SW 4 PLACE
SUITE 103
FORT LAUDERDALE, FL 33312-2595 US

Mailing Address
728 SW 4 PLACE
SUITE 103
FORT LAUDERDALE, FL 33312-2595 US



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0656727

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUGHES, MOLLY
728 SW 4 PLACE
SUITE 103
FORT LAUDERDALE, FL 33312-2595

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HUGHES, MOLLY J
STREET ADDRESS 728 SW 4TH PLACE, STE 103
CITY-ST-ZIP FORT LAUDERDALE, FL 333122595

TITLE EVPD
NAME HUGHES, MARY J
STREET ADDRESS 728 SW 4TH PLACE, STE 103
CITY-ST-ZIP FORT LAUDERDALE, FL 333122595

TITLE V
NAME TAYLOR, STEVEN J
STREET ADDRESS 728 SW 4TH PLACE, STE 103
CITY-ST-ZIP FORT LAUDERDALE, FL 333122595

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/13/05-80105-017 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-05 (954) 563-1121

Date

Daytime Phone #