

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000082006

1. Entity Name HUGHES & LANE PROFESSIONAL ASSOCIATION



Principal Place of Business

4190 BELFORT ROAD SUITE 351 JACKSONVILLE, FL 32216

Mailing Address

4190 BELFORT ROAD

SUITE 351 JACKSONVILLE, FL 32216

FILED Apr 28, 2004 8:00 am Secretary of State

04-14-2004 90030 045 ***150.00

66416385



DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent LANE, EDWARD W III 4190 BELFORT ROAD SUITE 351 JACKSONVILLE, FL 32216				02162004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3403055 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required DO NOT-WRITE IN THIS SPACE				
B. 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 polither depend agent. SIGNATURE Signature. Included name of registered agent and site II applicable. (NOTE: Registered Agent algorithms depend agent and site II applicable.) (NOTE: Registered Agent algorithms depend agent and site II applicable.)								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees		·		
TO. TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-SI-ZP TITLE MAME STREET ADDRESS CITY-SI-ZP	OFFICERS AND DIRECT D HUGHES, J. MICHAEL 4190 BELFORT ROAD STE 351 JACKSONVILLE, FL 32216 D LANE, EDWARD W III 4190 BELFORT ROAD STE 351 JACKSONVILLE, FL 32216			_	NOT W			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP								

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 eath; 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 charged, or on an attachment with an address, with all other like empowered. 904

SIGNATURE:

EDWARDW. LANZ 18

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