


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 042 ***150.00

DOCUMENT # P97000040070

1. Entity Name
JOHN N HUGHES III CONSTRUCTION INC.



Principal Place of Business Mailing Address

1370 BAYSHORE CT **1370 BAYSHORE CT**
GULF BREEZE, FL 32563 **GULF BREEZE, FL 32563**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1664 Boulevard Mayor **1664 Boulevard Mayor**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Pensacola Beach FL **Pensacola Beach FL**

Zip Country Zip Country

32561 **Escambia** **32561** **Escambia**



04232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

HUGHES, JOHN N
1370 BAYSHORE CT
GULF BREEZE, FL 32563

1664 Boulevard Mayor Blvd
Pensacola Beach, FL
32561

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHES, III JOHN N	
STREET ADDRESS	1370 BAYSHORE CTN	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HILLMAN, DANA	
STREET ADDRESS	1704 VIA DELUNA	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1664 Boulevard Mayor Blvd	
CITY-ST-ZIP	Pensacola Beach FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR