2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 28, 2008 8:00 am Secretary of State **DOCUMENT # P97000094185** 1. Entity Name 08-28-2008 90001 039 ***558.75 R & K HUGHES ENTERPRISES, INC. Mailing Address Principal Place of Business 2057 RANCHLAND ACRES RD LAKELAND FL 33809 2057 RANCHLAND ACRES.RD LAKELAND FL 33809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1310 Honeytree 1310 Honeytree Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & States 4. FEI Number Applied For City & State 59-3511045 akelana Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HUGHES, KAREN Street Address (P.O. Box Number is Not Acceptable) 2057 RANCHLAND ACRES RD LAKELAND FL 33809 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. FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 3, 2008 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ■ Addition THE Huches, Ronald A. HUGHES, RONALD A NAME 1310 Honeytree Ln. W. LAKELAND, H. 33801 STREET ADDRESS STREET ADDRESS 2057 RANCHLAND ACRES RD CITY-ST-ZIP LAKELAND FL 33809 CITY-ST-ZIP VAST Hughes, KAren Delete TITLE ☐ Addition TITLE NAME HUGHES, KAREN 1310 Honeytree Ln. W. STREET ADDRESS STREET ADDRESS 2057 RANCHLAND ACRES RD CITY-\$1-ZIP CITY-ST-ZIP LAKELAND FL 33809 LAKELAND, Fl. 33801 ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7!P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ___ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

SIGNATURE: Kaven Hugher Karen Hughes 8-25-08 863 660 5522