

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000102362

FILED
Mar 18, 2004
Secretary of State

Entity Name: C. HUGHES INSURANCE AGENCY, INC.

Current Principal Place of Business:

2884 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

2884 HAVENDALE BLVD.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3485430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, CHRISTOPHER J
1165 ELOISE LOOP ROAD
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HUGHES, CHRISTOPHER J
Address: 1165 ELOISE LOOP ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: HUGHES, DEBORA A
Address: 1165 ELOISE LOOP RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORA A. HUGHES

VP

03/18/2004

Electronic Signature of Signing Officer or Director

Date