

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90233 028 \*\*\*150.00

DOCUMENT # P99000009868

1. Entity Name  
HUGHES SOUTHERN MASONRY, INC.



Principal Place of Business

1124 AVENUE "G"  
ORMOND BEACH, FL 32174

Mailing Address

1124 AVENUE "G"  
ORMOND BEACH, FL 32174

94074648



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
58 Buckskin

Suite, Apt. #, etc.  
58 Buckskin

04102004 Chg-P CR2E034 (10/03)

City & State  
Ormond Beach, Fl.

City & State  
Ormond Beach, Fl.

4. FEI Number  
59-3559534

Applied For  
Not Applicable

Zip  
32174

Country

Zip  
32174

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, TIMOTHY  
1124 AVENUE "G"  
ORMOND BEACH, FL 32174

Name

\*Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
HUGHES, TIMOTHY  
1124 AV G  
ORMOND BEACH, FL 32174 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addit  
58 Buckskin lane  
Ormond Beach FL 32174

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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 changed; or on an attachment with an address, with an other like empowered.

SIGNATURE: *Timothy Hughes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/04 386-615-8002  
Date Daytime Phone #