2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL H	EPUH I (AH	}	-, Apr 03, 2006 08:00 AM
DOCUMENT # P9900088462 1. Entity Name				Secretary of State
HUGHES	PLUMBING, INC.			
Principal Place of Business		Mailing Address	\	
911 HIBISCUS BUNNELL FL 32110 US		P.O. BOX 2469 BUNNELL FL 32110 US		
2. Principal Place of Business		3. Mailing Address	**	1 - Tarantara 100 (2010 1011) Bealth devil Bealth devil (2010 1211) divine divine (1910 1211) H (4.5)
Sulte, Apt. #, etc.		Suite, Apt. #, etc	-	1st MOORE CR2E034 (10/05)
Crty & State		City & State		4. FEI Number 59-3601204 Applied For Not Applicate
Zip	Country	Zip	Country	5. Certificate of Status Desired
·	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
HUGHES, NORMAN L 6429 FRUIT AVENUE BUNNELL FL 32110		- .		sss (P.Q. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing its s	egistered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signations, typed or printed name of registered agent	and life if applicable (NOTE	Registered Agent signature ren	ruired when reinstating) DATE
```.F	ILE NOW!!! FEE IS \$150.00	Same from a		
After	May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o			Election Campaign Financing \$5.00 May E     Trust Fund Contribution.      Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D	Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	HUGHES, NORMAN L P.O. BOX 2469		NAME STREET AODRESS	10H001489086
CITY-ST-ZIP	BUNNELL FL 32110		CUA-21-SIS	#4/18/06: 80001-020 150.00
THILE	D	☐ Delete	TIFLE	☐ Change ☐ Addition
NAME STREET ADDRESS	HUGHES, LUCKY L 4601 CLYDE MORRIS BLVD.		NAME STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32129	-	CITY+ST-ZIP	
THUE	D	☐ Deleta	TOTLE	· Change C Addition
MAME	HUGHES, ALICE C		NAME	_ · · · <del>_</del>
STREET ADDRESS CITY-ST-ZIP	4601 CLYDE MORRIS BLVD.		STREET ADDRESS	
	DAYTONA BEACH FL 32129	——————————————————————————————————————	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addiiii
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-SI-ZIP	
MLE		☐ Delete	TITLE	☐ Change ☐ Addisid
NAME STREET ADDRESS			NAME	
CITY-ST-ZIP			STREET ADDRESS GITY- ST- ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	positive that the information asset is a transfer to	L Hall III	CHTY-ST-ZIP	
indicated of the cor if change	an this report or supplemental report is on this report or supplemental report is poration or the receiver or trustee emp d, or on an attachment with an addres;	in this thing does not qualify for it frue and accurate and that my lowered to execute this report is s, with all other like empoweres	ne exemptions conta signature shall have the as required by Chapter d.	ined in Section 119, Florida Statutes. I further certify that the information he same legal effect as if made under oath, that I am an officer or director r 607. Florida Statutes, and that my name appears in Block 10 or Block 11

**FILED** 

SIGNATURE: SignATURE: Starte Luckyh. Hughes (Dicestor) 3-31-06 (386) 457-2702