

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90061 015 \*\*\*150.00

<b>DOCUMENT # P99000088719</b> 1. Entity Name HUGHES CONSTRUCTION INDUSTRIES, INC.					
Principal Place of Business 3500 FAIRLANE FARMS RD. #5 WELLINGTON, FL 33414			Mailing Address 3500 FAIRLANE FARMS RD. #5 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box # <b>3101 FAIRLANE FARMS RD #1</b>		3. Mailing Address <b>3101 FAIRLANE FARMS RD #1</b>		4. FEI Number 65-0954108	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		Applied For Not Applicable	
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33414</b>		Country <b>USA</b>		Zip <b>33414</b>	
Country <b>USA</b>		Country <b>USA</b>		04062007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HUGHES, TODD A 3500 FAIRLANE FARMS RD., #5 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name <b>HUGHES, TODD A</b> Street Address (P.O. Box Number is Not Acceptable) <b>3101 FAIRLANE FARMS RD. #1</b> City <b>WELLINGTON</b> FL Zip <b>33414</b>	
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 <b>5/5/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, TODD A 800 LAKE WELLINGTON DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGHES, SUSAN D 800 LAKE WELLINGTON DRIVE WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE 			Date <b>5/5/07</b> Daytime Phone <b>561.792-8004</b>		