


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90007 048 \*\*\*150.00

<b>DOCUMENT # S05545</b> 1. Entity Name <b>CLAUDIA E. HUGHES, P.A.</b>			
Principal Place of Business <b>400 EXECUTIVE CTR. DR. #207 WEST PALM BEACH, FL</b>		Mailing Address <b>400 EXECUTIVE CTR. DR. #207 WEST PALM BEACH, FL</b>	
2. Principal Place of Business <b>9654 Shepard Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>9654 Shepard Place</b> Suite, Apt. #, etc.	
City & State <b>Wellington, FL</b> Zip <b>33414</b> Country <b>USA</b>		City & State <b>Wellington, FL</b> Zip <b>33414</b> Country <b>USA</b>	
4. FEI Number <b>65-0230781</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		01132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>HUGHES, CLAUDIA E 400 EXECUTIVE CTR. DR. #207 WEST PALM BEACH, FL</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>9654 Shepard Place</b> City <b>Wellington</b> <b>FL</b> Zip Code <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 <u><i>x Claudia E. Hughes</i></u> DATE <u><i>x 1/19/04</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HUGHES, CLAUDIA E. 400 EXECUTIVE CENTER DR., #207 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9654 Shepard Place Wellington, FL 33414</b>
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
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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>x Claudia E. Hughes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>x 1/19/04</i></u> <u><i>(501) 832-5683</i></u> <small>Daytime Phone #</small>	