


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90017 005 \*\*\*150.00

<b>DOCUMENT # S05545</b>	
1. Entity Name <b>CLAUDIA E. HUGHES, P.A.</b>	

Principal Place of Business <b>9654 SHEPARD PLACE WELLINGTON FL 33414</b>	Mailing Address <b>9654 SHEPARD PLACE WELLINGTON FL 33414</b>
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10004040



2. Principal Place of Business - No. P.O. Box # <b>8816 Warwick Shore</b>	3. Mailing Address <b>8816 Warwick Shore</b>
Suite, Apt. #, etc. <b>CROSSING</b>	Suite, Apt. #, etc. <b>Crossing</b>

1st MOORE CR2E034 (10/06)

City & State <b>ORLANDO FL</b>	City & State <b>Orlando FL</b>
Zip <b>32829</b>	Zip <b>32829</b>
Country <b>Orange</b>	Country <b>Orange</b>

4. FEI Number <b>65-0230781</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HUGHES, CLAUDIA E 9654 SHEPARD PLACE WELLINGTON FL 33414</b>	
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7. Name and Address of New Registered Agent	
Name <b>Same</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8816 Warwick Shore</b>	
<b>Crossing</b>	
City <b>ORLANDO</b>	FL Zip Code <b>32829</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 <b>CLAUDIA E. HUGHES</b>	<b>Claudia E. Hughes 3/1/07</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HUGHES, CLAUDIA E. 9654 SHEPARD PLACE WELLINGTON FL 33414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CLAUDIA E. HUGHES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8816 Warwick Shore Crossing ORLANDO FL 32829
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: <b>Claudia E. Hughes</b>	<b>3/1/07 407-282-2817</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>	