

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S52581

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: HUGENS CORPORATION

**Current Principal Place of Business:**

900 GULF SHORE DR.  
#1051  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1389  
DESTIN, FL 32540 US

**New Mailing Address:**

FEI Number: 65-0259578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, WILLIAM L CPA  
118 PALMETTO DR.  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KNOWLES, JANE P  
Address: 12 HIGHWOOD, DRIFFIELD  
City-St-Zip: EAST YORKSHIRE, YO YO25 5YX GB

Title: VP ( ) Delete  
Name: KNOWLES, PHILL VP  
Address: 62 OULTON LANE, WOODLESFORD  
City-St-Zip: LEEDS, LS LS26 8NL GB

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE P. KNOWLES

PRES

02/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date