


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2006 08:00 AM  
Secretary of State

DOCUMENT # S57722 1. Entity Name HUGHES WHOLESale NURSERIES, INC.	
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Principal Place of Business 5009 SW OAKWOOD AVE. ARCADIA, FL 34269	Mailing Address 12980 TARPON SPRINGS RD ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0273005	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HUGHES, GEORGE W 5009 SW OAKWOOD AVE. ARCADIA, FL 34269
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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: David Hesser, Aaron Sasser, Accountant 01/20/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUGHES, GEORGE W 5009 SW OAKWOOD AVE. ARCADIA, FL 34269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, N. SUZANNE 5009 SW OAKWOOD AVE. ARCADIA, FL 34269
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02/20/06-80061-023 150.00

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: [Signature] 1/20/06 (813) 920-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #