

ANNUAL REPORT

DOCUMENT # V22893



1. Entity Name

WILLIAM H. HUGHES MORTGAGE BROKER, INC.

Principal Place of Business

144 MARY ESTHER CUTOFF

SUITE #7

MARY ESTHER, FL 32569 US

Mailing Address

144 MARY ESTHER CUTOFF

SUITE 7

MARY ESTHER, FL 32569 US

Apr 2
Se

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3118739

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUGHES, WILLIAM H

144 MARY ESTHER BOULEVARD

SUITE 7

MARY ESTHER, FL 32569

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	HUGHES, WILLIAM H	144 MARY ESTHER CUTOFF #7	MARY ESTHER BEACH, FL 32569

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/08

Date

850/243-7197

Daytime Phone #