

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # V36326

1. Entity Name
HUGHTONE INDUSTRIES, INC.



Principal Place of Business
**6602 EXECUTIVE PARK COURT
STE 205
JACKSONVILLE, FL 32216 US**

Mailing Address
**6602 EXECUTIVE PARK COURT
STE 205
JACKSONVILLE, FL 32216 US**



DO NOT WRITE IN THIS SPACE

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3153211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUGHETT, PAUL
344 S CHECKERBERRY WAY
JACKSONVILLE, FL 32259**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**UN00000258081
03/10/05-80024-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HUGHETT, PAUL
344 S CHECKER BERRY WAY
JACKSONVILLE, FL 32259**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
HUGHETT, LOUISE E
344 S CHECKERBERRY WAY
JACKSONVILLE, FL 32299**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
WYLOGE, NEAL
2349 DSPREY LAKE DR.
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: H. Neal Wylog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/05
Date

904-332-7309
Daytime Phone #