

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90006 002 ***150.00

DOCUMENT # J19289 1. Entity Name HUGHES MASONRY, INC.					
Principal Place of Business 830 PAINTED CANYON BOZEMAN, MT 59718 US			Mailing Address 830 PAINTED CANYON DR. BOZEMAN, MT 59718 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2682624	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZABO, BRUCE M 611 DRUID RD. E #717 CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, KERRY 830 PAINTED CANYON DR. BOZEMAN, MT 57715	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERRY Hughes 830 Painted Canyon Dr. Bozeman MT 59718
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, CHARLES 2705 GOLDENROD LANE BOZEMAN, MT 59718	☒ Delete	
☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pamela Hughes 830 Painted Canyon DR Bozeman MT 59718	☐ Change ☒ Addition	
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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					
Date Daytime Phone #					

40046333



01042008 Chg-P CR2E034 (12/06)

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59-2682624

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Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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