

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005204

FILED  
Feb 02, 2012  
Secretary of State

**Entity Name:** HUBART CONNECTION, INC.

**Current Principal Place of Business:**

1620 N INDIAN RIVER RD  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

1620 N INDIAN RIVER RD  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 45-2422374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STERN, SUSAN  
1620 N INDIAN RIVER RD  
NEW SMYRNA BEACH, FL 32169 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STERN, SUSAN  
Address: 1620 N INDIAN RIVER RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: MACKAY, SALLY  
Address: 1620 N INDIAN RIVER RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: PRESTON, WILLIAM T  
Address: 1620 N INDIAN RIVER RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: BARCLAY, NANCY  
Address: 1620 N INDIAN RIVER RD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN STERN

D

02/02/2012

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

\_\_\_\_\_  
Date