

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 204013

FILED  
May 01, 2006  
Secretary of State

Entity Name: HUBBARD ENTERPRISES, INC.

## Current Principal Place of Business:

150 JOHN'S PASS BOARDWALK  
MADEIRA BEACH, FL 33708 US

## New Principal Place of Business:

## Current Mailing Address:

150 JOHN'S PASS BOARDWALK  
MADEIRA BEACH, FL 33708 US

## New Mailing Address:

FEI Number: 59-0804810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LORRAINE W. HUBBARD  
150 JOHN'S PASS BOARDWALK  
MADEIRA BEACH, FL 33708 US

## Name and Address of New Registered Agent:

HUBBARD, LORRAINE W  
150 JOHN'S PASS BOARDWALK  
MADEIRA BEACH, FL 33708 US

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: LORRAINE HUBBARD

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HUBBARD, LORRAINE W  
Address: 150 JOHN'S PASS BOARDWALK  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D ( ) Delete  
Name: HUBBARD, MARK F.  
Address: 150 JOHNS PASS BOARDWALK  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: SD ( ) Delete  
Name: MCDOLE, KATHLEEN H  
Address: 150 JOHNS PASS BOARDWALK  
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DVT ( ) Delete  
Name: HUBBARD, PATRICIA A  
Address: 150 JOHNS PASS BOARDWALK  
City-St-Zip: MADEIRA, FL 33708

Title: D ( ) Delete  
Name: HUBBARD, JEFFERY W  
Address: 3401 CAABLANC AVE.  
City-St-Zip: SAINT PETERSBURG, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HUBBARD

DVT

05/01/2006

Electronic Signature of Signing Officer or Director

Date