

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90072 013 ***150.00

DOCUMENT # 396256

1. Entity Name
HUBBARD'S RADIATOR SERVICE, INC.



Principal Place of Business

423 CASSAT AVE
JACKSONVILLE, FL ~~32205~~ 32254

Mailing Address

423 CASSAT AVE
JACKSONVILLE, FL ~~32205~~ 32254

40069183



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1384927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, STANLEY M., JR.
423 CASSAT AVENUE
10090 SANDLER ROAD
JACKSONVILLE, FL ~~32210~~ 32254

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	HUBBARD, SHERYL
STREET ADDRESS	10090 SANDLER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 00000, 32222
TITLE	P
NAME	HUBBARD, STANLEY M, JR
STREET ADDRESS	10090 SANDLER ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 00000, 32222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

3-31-08

904-384-7952