

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 631140

FILED
Jan 07, 2004
Secretary of State

Entity Name: HUBBY'S, INCORPORATED

Current Principal Place of Business:

1410 N ROSS AVE
P.O. BOX 420511
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1410 N ROSS AVE
P.O. BOX 420511
KISSIMMEE, FL 347427511

New Mailing Address:

FEI Number: 59-1934591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSBAND, JAMES T
1410 N ROSS AVE
KISSIMMEE, FL 34744

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUSBAND, JAMES T.,
Address: 506 LAKESHORE BLVD.
City-St-Zip: KISSIMMEE, FL

Title: SD () Delete
Name: HUSBAND, MARGARET A.,
Address: 506 LAKESHORE BLVD.
City-St-Zip: KISSIMMEE, FL

Title: D () Delete
Name: HUSBAND, THOMAS K
Address: 11940 KIRBY SMITH RD
City-St-Zip: ORLANDO, FL 32832

Title: VD () Delete
Name: HUSBAND, ROBERT D.,
Address: 1750 KINGS HWY
City-St-Zip: KISSIMMEE, FL 34744

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES T HUSBAND

PD

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date