


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 031 ***150.00

DOCUMENT # 680869 1. Entity Name HUBBARD & HUBBARD, CERTIFIED PUBLIC ACCOUNTANTS, P.A.					
Principal Place of Business 5701 MAIN STREET C/O CONRAD E. HUBBARD NEW PORT RICHEY, FL 34652			Mailing Address 5701 MAIN STREET C/O CONRAD E. HUBBARD NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 7916 Evolutions Way Suite, Apt. #, etc. Suite 104		3. Mailing Address 7916 Evolutions Way Suite, Apt. #, etc. Suite 104		4. FEI Number 59-2029565	
City & State Trinity, Florida		City & State Trinity, Florida		Applied For <input type="checkbox"/> Not Applicable	
Zip 34655-9900		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUBBARD, CONRAD E. 5701 MAIN STREET NEW PORT RICHEY, FL 33552			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7916 Evolutions Way SUITE 104 City Trinity, Florida FL Zip Code 34655-9900		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S HUBBARD, CHLO G 5627 TENNESSEE AVENUE NEW PORT RICHEY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HUBBARD, CONRAD E 5627 TENNESSEE AVENUE NEW PORT RICHEY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HUBBARD, CRAIG W 18106 CLEAR LAKE DRIVE LUTZ, FL 335496401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Conrad E. Hubbard			CONRAD E. HUBBARD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 05/01/06 Daytime Phone # (727)375-7722		

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