


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 680869	
1. Entity Name HUBBARD & HUBBARD, CERTIFIED PUBLIC ACCOUNTANTS, P.A.	
	
Principal Place of Business 7916 EVOLUTIONS WAY STE 104 NEW PORT RICHEY, FL 34655-9900	Mailing Address 7916 EVOLUTIONS WAY STE 104 NEW PORT RICHEY, FL 34655-9900



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2029565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUBBARD, CONRAD E. 7916 EVOLUTIONS WAY STE 104 NEW PORT RICHEY, FL 34655-9900		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	05/28/08-80043-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUBBARD, CHLO G 5627 TENNESSEE AVENUE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUBBARD, CONRAD E 5627 TENNESSEE AVENUE NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUBBARD, CRAIG W 18106 CLEAR LAKE DRIVE LUTZ, FL 335496401
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: <u>Conrad E. Hubbard</u>	<u>04/28/08</u>	<u>727-375-7722</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>