

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680869

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** HUBBARD & HUBBARD, CERTIFIED PUBLIC ACCOUNTANTS, P.A.

**Current Principal Place of Business:**

7916 EVOLUTIONS WAY  
STE 104  
NEW PORT RICHEY, FL 346559900

**New Principal Place of Business:**

5627 TENNESSEE AVENUE  
NEW PORT RICHEY, FL 346522929

**Current Mailing Address:**

7916 EVOLUTIONS WAY  
STE 104  
NEW PORT RICHEY, FL 346559900

**New Mailing Address:**

5627 TENNESSEE AVENUE  
NEW PORT RICHEY, FL 346522929

**FEI Number:** 59-2029565

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUBBARD, CONRAD E.  
7916 EVOLUTIONS WAY STE 104  
NEW PORT RICHEY, FL 346559900 US

**Name and Address of New Registered Agent:**

HUBBARD, CONRAD E PRES  
5627 TENNESSEE AVENUE  
NEW PORT RICHEY, FL 346522929 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: CONRAD E. HUBBARD

04/05/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: HUBBARD, CHLO G  
Address: 5627 TENNESSEE AVENUE  
City-St-Zip: NEW PORT RICHEY, FL

Title: DP ( ) Delete  
Name: HUBBARD, CONRAD E  
Address: 5627 TENNESSEE AVENUE  
City-St-Zip: NEW PORT RICHEY, FL

Title: DV ( ) Delete  
Name: HUBBARD, CRAIG W  
Address: 18106 CLEAR LAKE DRIVE  
City-St-Zip: LUTZ, FL 335496401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: HUBBARD, CHLO G  
Address: 5627 TENNESSEE AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 346522929

Title: DP (X) Change ( ) Addition  
Name: HUBBARD, CONRAD E  
Address: 5627 TENNESSEE AVENUE  
City-St-Zip: NEW PORT RICHEY, FL

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

I hereby certify that the information supplied with this filing does not qualify 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: CONRAD E. HUBBARD

PRES

04/05/2009

Electronic Signature of Signing Officer or Director

Date