


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # G12083	
1. Entity Name HUB BAR, INC.	
	
Principal Place of Business 719 N FRANKLIN TAMPA, FL 33602 US	Mailing Address 719 N FRANKLIN TAMPA, FL TAMPA, FL 33602 US



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2265824	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

SMITH, JEAN D
2809 SAN NICHOLAS ST
TAMPA, FL 33629

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SMITH, JEAN D
STREET ADDRESS	2809 SAN NICHOLAS ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	LUHRSEN, JENNIFER S
STREET ADDRESS	12039 MASON DR
CITY-ST-ZIP	QUANTICO, VA 22134
TITLE	PTD
NAME	SMITH, JAMES H
STREET ADDRESS	2809 SAN NICHOLAS ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	SMITH, JEFFREY D
STREET ADDRESS	9429 AUTUMN APPLAUSE DR
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	D
NAME	SMITH, JOSEPH E
STREET ADDRESS	102 DOGWOOD CT
CITY-ST-ZIP	CAYCE, SC 29033
TITLE	D
NAME	MIXON, MICHAEL
STREET ADDRESS	3317 N. IOWA
CITY-ST-ZIP	TAMPA, FL 33611

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04/25/07-80013-010 158.75

**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 #

Jean D. Smith Jean D. Smith 4/12/07 (813) 833-1992