
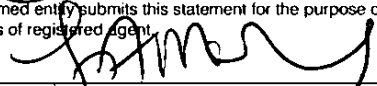
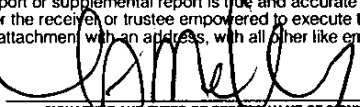


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90072 030 ***158.75

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	
2. Principal Place of Business - No P.O. Box # 719 FRANKLIN ST		3. Mailing Address 719 FRANKLIN ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33602		Zip 33602	
Country USA		Country USA	
4. FEI Number 59-2265824		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 SMITH, JEAN D 2809 SAN NICHOLAS ST TAMPA, FL 33629		7. Name and Address of New Registered Agent Name FERRELL A. MECTON JR. Street Address (P.O. Box Number is Not Acceptable) 2606 N. BLVD City TAMPA FL Zip Code 33602	
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  4-27-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SMITH, JEAN D 2809 SAN NICHOLAS ST TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERRELL A. MECTON JR 2606 N. BLVD TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUHRSEN, JENNIFER S 12039 MASON DR QUANTICO, VA 22134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice U-BD CHARLES FOX TAMPA, FL 2508 RIDGEWOOD AVE 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, JAMES H 2809 SAN NICHOLAS ST TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES Smith 2809 SAN NICHOLAS ST TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JEFFREY D 9429 AUTUMN APPLAUSE DR CHARLOTTE, NC 28277	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATT Vigil TAMPA, FL 2818 West BROAD ST 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOSEPH E 102 DOGWOOD CT CAYCE, SC 29033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, MICHAEL 3317 N. IOWA TAMPA, FL 33611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 		Date 4-28-08 (813) 229 1553	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	