
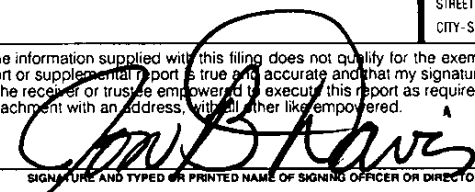


FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 007 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L17322			
1. Entity Name HUBBARD SIGHT & SOUND AV, INC.			
Principal Place of Business 3745 ST. JOHNS INDUSTRIAL PWY W. JACKSONVILLE, FL 32246 US		Mailing Address 3745 ST. JOHNS INDUSTRIAL PWY W. JACKSONVILLE, FL 32246 US	
2. Principal Place of Business - No P.O. Box # 11193 St. Johns Industrial Suite, Apt. #, etc. Pwy N		3. Mailing Address 11193 St. Johns Industrial Suite, Apt. #, etc. Pwy N	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32246	Country US	Zip 32246	Country US
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 59-2968512	
Applied For Not Applicable			
6. Name and Address of Current Registered Agent NOE, WILLIAM G., JR. 599 ATLANTIC BLVD SUITE 6 ATLANTIC BEACH, FL 32233		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007 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	DP HUBBARD, CURT 3745 ST. JOHNS INDUSTRIAL PWY W. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Hubbard, CURT 11193 St. Johns Industrial Pwy N Jacksonville FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HUBBARD, MARY 3745 ST. JOHNS INDUSTRIAL PWY W. JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Hubbard, Mary 11193 St. Johns Industrial Pwy N Jacksonville FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUBBARD, MARY 3745 ST. JOHNS INDUSTRIAL PWY W. JACKSONVILLE, FL 32246 <input checked="" 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	P Davis, Jon 11193 St. Johns Industrial Pwy N Jacksonville FL 32246 <input type="checkbox"/> Change <input checked="" 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
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
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, without other like empowered.			
SIGNATURE: 		4-20-07 904-645-7880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	