


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L17322 1. Entry Name HUBBARD SIGHT & SOUND AV, INC.	
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Principal Place of Business 11193 ST JOHNS INDUSTRIAL PKWY N JACKSONVILLE, FL 32246 US	Mailing Address 11193 ST JOHNS INDUSTRIAL PKWY N JACKSONVILLE, FL 32246 US
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03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2968512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOE, WILLIAM G., JR. 599 ATLANTIC BLVD SUITE 6 ATLANTIC BEACH, FL 32233

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD HUBBARD, CURT 11193 ST JOHNS INDUSTRIAL PKWY N JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST HUBBARD, MARY 11193 ST. JOHNS INDUSTRIAL PKWY N JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, JON 11193 ST JOHNS INDUSTRIAL PKWY N JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/08/08-80072-002 150.00

**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: Jon B Davis 3-21-08 704 645-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #