


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A.
Secretary of State

DOCUMENT # L44085	
1. Entity Name R. HUBER CONSTRUCTION CO.	

Principal Place of Business 7206 EAST TROPICAL WAY PLANTATION, FL 33317 US	Mailing Address 7206 EAST TROPICAL WAY PLANTATION, FL 33317 US
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0170316	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

**HUBER, ROBERT G
7206 EAST TROPICAL WAY
PLANTATION, FL 33317**

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000900536 04/29/08-80032-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, ROBERT G 7506 EAST TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBER, ROBERT G 7206 EAST TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUBER, DORIS M 7206 EAST TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Doris M. Huber* **4-14-08 954-792-6727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____