

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90150 044 ***150.00

DOCUMENT # L51943

1. Entity Name

HUBBARD DEVELOPMENT COMPANY



Principal Place of Business

% JACQUELINE C. HUBBARD
22137 C.R. 561
ASTATULA FL 34705
US

Mailing Address

P O BOX 120338
CLERMONT FL 34712
US

2. Principal Place of Business

3. Mailing Address

P O Box 577

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ASTATULA FL

Zip

Country

Zip

34705

Country

LAKE

4. FEI Number

59-2991906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, JACQUELINE C.
22137 COUNTY ROAD 561
ASTATULA FL 34705

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

James C. Hubbard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-7-05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete
NAME HUBBARD, KATHERINE E
STREET ADDRESS 12254 LK. VALLEY DR.
CITY-ST-ZIP CLERMONT FL 34711

TITLE T ☐ Delete
NAME HUBBARD, JACQUELINE C.
STREET ADDRESS 22137 CO RD 561
CITY-ST-ZIP ASTATULA FL 34705

TITLE P ☐ Delete
NAME HUBBARD, STEVEN P
STREET ADDRESS 12254 LAKE VALLEY DR.
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32 Sea Vista Cir.
CITY-ST-ZIP FLAYLER BEACH FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32 Sea Vista Cir
CITY-ST-ZIP FLAYLER BEACH FL 32137

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

James C. Hubbard

JACQUELINE C. HUBBARD

352-394-7485

4-7-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #