

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L69426

1. Entity Name
HUBBARD'S SEA ADVENTURES, INC.



Principal Place of Business
%MARK F. HUBBARD
150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708

Mailing Address
%MARK F. HUBBARD
150 JOHNS PASS BOARDWALK
MADEIRA BEACH, FL 33708



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3017820	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

HUBBARD, MARK F.
931 79TH ST SOUTH
SAINT PETERSBURG, FL 33707

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

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

(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. ☐

\$5.00 May Be
Added to Fees

U00000668982
03/27/07-80053-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUBBARD, MARK F.
STREET ADDRESS	931 79TH ST SOUTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 33707

TITLE	VPS
NAME	HUBBARD, JENNY P.
STREET ADDRESS	931 79TH ST SOUTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 33707

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

Daytime Phone #

MARK F. HUBBARD