

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3017820  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

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)

U00000955668  
07/22/08-80001-007 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice..

10. OFFICERS AND DIRECTORS

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #