

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90358 010 ***150.00

DOCUMENT # P00000002581

1. Entity Name
HUBSCHMAN, INC.



Principal Place of Business
**5811 PELICAN BAY BLVD.
STE 600
NAPLES, FL 34108**

Mailing Address
**50 DOLPHIN CIRCLE
ISLE OF CAPRI, FL 34113**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3617258

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER WHITE MYERS KRAUSE
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108**

Name

FOWLER WHITE BOGGS BANKER PA

Street Address (P.O. Box Number is Not Acceptable)

5811 Pelican Bay Blvd., Suite 600

City

Naples

FL

Zip Code
34108

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. **FOWLER WHITE BOGGS BANKER P.A.**

SIGNATURE

James L. Seewald
Signature typed or printed name of registered agent and title if applicable.

JEANNE L. SEEWALD, ESQUIRE

DATE

4-23-04

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **HUBSCHMAN, CONNIE**
STREET ADDRESS **50 DOLPHIN CIRCLE**
CITY-ST-ZIP **ISLE OF CAPRI, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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)(f), 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:

Connie Hubschman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

239-394-7067

Daytime Phone #

Connie Hubschman