2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED BASE OF SIGNING OFFICER ON DIRECTOR

FILED Feb 12, 2005 08:00 AM Secretary of State

2/9/03 352-372-1-06 Date Daysme Phone #

ANNOAL REPORT				, Feb 12, 2005 08:00 A		
1. Entity Nam BARRY E	E. HUBBARD, P.A.	369				y of State
	ce of Business	Mailing Address				
4817 NW 72 Gainesville	2ND LANE E, FL 32653	4817 NW 72ND LANE Gainesville, FL 32653				
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				4. FEI Numb		Applied For
				59-361		Not Applicable 8.75 Additional
	and the second s	11		5. Certificate		ee Required
	6. Name and Address of Current R	egistered Agent	e regarde e			
HUBBARD, BARRY E				DO	NOT WRITE	
	72ND LANE ILLE, FL 32653					
ONNEOVICE, I E 02000			IN THIS SPACE			
		o general to				
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						
only worth of this tea team is no sufficiented official from the trade of the contract of the						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ded to Fees	 100000226344 02/12/05-80012-0) 112_150.00
10.	OFFICERS AND D	RECTORS				
TITLE NAME	D HUBBARD, BARRY E					
STREET ADDRESS	4817 NW 72ND LANE					
CITY-ST-ZIP	GAINESVILLE, FL 32653					
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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 cartify 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						
of the corporation of the receiver of trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my hame appears in block 10 of block 11 if changed, or on an attachment with an address, with all other like empowered.						