

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P00000070218

1. Entity Name
HUPA, INC.



Principal Place of Business
6000 BIRCHWOOD PKWY
LABELLE, FL 33935

Mailing Address
21731 TUCKAHOE ROAD
ALVA, FL 33920 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1028006	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

CUTSHALL, PAUL
21731 TUCKAHOE ROAD
ALVA, FL 33920

**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 reissuing)

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

DATE
000000603973
01/29/07-80035-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CUTSHALL, PAUL
STREET ADDRESS	21731 TUCKAHOE ROAD
CITY-STATE-ZIP	ALVA, FL 33920

TITLE	VPD
NAME	ENGLISH, J. EDWIN
STREET ADDRESS	840 PORTERFIELD ROAD
CITY-STATE-ZIP	LABELLE, FL 33935

TITLE	SD
NAME	ENGLISH, HUGH M
STREET ADDRESS	P.O. BOX 129
CITY-STATE-ZIP	LABELLE, FL 33975

TITLE	TD
NAME	ENGLISH, JOSEPH C
STREET ADDRESS	2075 W FIRST STREET
CITY-STATE-ZIP	FORT MYERS, FL 33901

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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:

Paul L. Cutshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/07 239-707883
Date Daytime Phone #