

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000008027

1. Entity Name
B & J HUBER, INC.



Principal Place of Business
26312 LEXINGTON OAKS BLVD
WESLEY CHAPEL, FL 33544

Mailing Address
26312 LEXINGTON OAKS BLVD
WESLEY CHAPEL, FL 33544



01022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3692194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSCH, LARRY ESQ
12249 US HIGHWAY 301
DADE CITY, FL 33526

**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

000000632825
02/21/07-80037-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUBER, ROBERT D
STREET ADDRESS	26312 LEXINGTON OAKS BLVD
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	D
NAME	HUBER, JOANNE CONGER
STREET ADDRESS	26312 LEXINGTON OAKS BLVD
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
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 #

x 2-4-07 83991-9454