

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90054 032 ***150.00

DOCUMENT # P01000027549

1. Entity Name

HUBBARD & HUBBARD, INC.



Principal Place of Business

7515 COFFEY RD
MOORE HAVEN FL 33471

Mailing Address

7515 COFFEY RD
MOORE HAVEN FL 33471



2. Principal Place of Business - No P.O. Box #

8032 Sherwood Circle

3. Mailing Address

PO Box 247

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Labelle FL

City & State

Labelle FL

4. FEI Number

65-1111375

Applied For

Not Applicable

Zip

33935

Country

USA

Zip

33975

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, LENICE
7515 COFFEY RD
MOORE HAVEN FL 33471

7. Name and Address of New Registered Agent

Name Hubbard, Lenice

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

8032 Sherwood Circle

City Labelle

FL

Zip Code

33935

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

Lenice Hubbard

(NOTE: Registered Agent signature required when reinstating)

4/7/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUBBARD, RANDELL	
STREET ADDRESS	7515 COFFEY RD	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUBBARD, LENICE	
STREET ADDRESS	7515 COFFEY RD	
CITY-ST-ZIP	MOORE HAVEN FL 33471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hubbard, Randell	
STREET ADDRESS	8032 Sherwood Circle	
CITY-ST-ZIP	Labelle FL 33935	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hubbard Lenice	
STREET ADDRESS	8032 Sherwood Circle	
CITY-ST-ZIP	Labelle FL 33935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lenice Hubbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08 863-675-3387

Date

Day:me Phone #