

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90314 033 ***150.00

DOCUMENT # P02000095304	
1. Entity Name MICHAEL HUBBARD FRAMING INC.	
Principal Place of Business 6507 174 PLACE SUMMERFIELD, FL 34491	Mailing Address 6507 174 PLACE SUMMERFIELD, FL 34491



04222004 No Chg-P CP2E034 (10/03)

4. FEI Number 20-0001282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

**HUBBARD, MICHAEL
6507 174 PLACE
SUMMERFIELD, FL 34491**

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	D HUBBARD, MICHAEL 6507 174 PLACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUBBARD, MARK 6507 174 PLACE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARDY, WILLIAM 6507 174 PLACE SUMMERFIELD, FL 34491
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 exemption stated in Section 119.07(3)(i), 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 # _____