

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

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



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0001282

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUBBARD, MICHAEL  
6507 174 PLACE  
SUMMERFIELD, FL 34491

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HUBBARD, MICHAEL  
STREET ADDRESS 6507 174 PLACE  
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE D  
NAME HUBBARD, MARK  
STREET ADDRESS 6507 174 PLACE  
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE D  
NAME HARDY, WILLIAM  
STREET ADDRESS 6507 174 PLACE  
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000342212  
04/29/05-80048-001 150.00

**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)(f), 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: Michael Hubbard Michael Hubbard 4-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #