

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 007 ***150.00

DOCUMENT # P02000115268

1. Entity Name
ART GONE BAD INC.



Principal Place of Business
**12637 GORDA CIRCLE EAST
LARGO, FL 33773**

Mailing Address
**12637 GORDA CIRCLE EAST
LARGO, FL 33773**

00000000



DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
71-0910210

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUBBARD, TIMOTHY M
12637 GORDA CIRCLE EAST
LARGO, FL 33773**

**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, 2006 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
**P
HUBBARD, TIMOTHY M
12637 GORDA CIRCLE EAST
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HUBBARD, JEFFERY R
13464 TWIGG TERRACE EAST
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HUBBARD, JASON A
12615 76TH AVENUE N
SEMINOLE, FL 33776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

**Timothy Hubbard
PRESIDENT**

Date

Daytime Phone #

4/7/6 727 532 0715