

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000116090

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: HUBBARD AC SERVICES, INC.

**Current Principal Place of Business:**

16300 SW PALOMINO ST  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

**Current Mailing Address:**

16300 SW PALOMINO ST  
INDIANTOWN, FL 34956

**New Mailing Address:**

FEI Number: 20-0543034

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUBBARD, DUSTY  
16300 SW PALOMINO ST  
INDIANTOWN, FL 34956 US

**Name and Address of New Registered Agent:**

HUBBARD, DONALD  
16300 SW PALOMINO ST  
INDIANTOWN, FL 34956 US

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.

SIGNATURE: DONALD HUBBARD

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUBBARD, DONALD W  
Address: 16300 SW PALOMINO ST  
City-St-Zip: INDIANTOWN, FL 34956

Title: S ( ) Delete  
Name: HUBBARD, SALLY  
Address: 16300 SW PALOMINO ST  
City-St-Zip: INDIANTOWN, FL 34956

Title: VP (X) Delete  
Name: ABREU, ALLEN  
Address: 5300 SE DELL STREET  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD W. HUBBARD

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date