

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000127079 1. Entity Name TOM HUBLOU, INC.					
Principal Place of Business 607 JULIE LANE BRANDON FL 33511			Mailing Address 607 JULIE LANE BRANDON FL 33511		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-1190297	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HUBLOU, TOM 607 JULIE LANE BRANDON FL 33511				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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				DATE 3-1-07 (NOTE: Registered Agent signature required when resigning)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PVST HUBLOU, TOM 607 JULIE LANE BRANDON FL 33511		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	D HUBLOU, TOM 607 JULIE LANE BRANDON FL 33511		☐ Delete		
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TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]		☐ Delete		
TITLE NAME STREET ADDRESS CITY ST ZIP	[Empty]		☐ Delete		
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.			U000000654328 03/13/07-80057-013 150.00		
SIGNATURE:			DATE 3-1-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 813 817 4831		

