## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

M. To

## Secretary of State **DOCUMENT # P03000152069** 03-04-2005 90084 035 \*\*\*150.00 1. Entity Name HUNTER HUBBARD, INC. Principal Place of Business Mailing Address 1336 KETTLEDRUM TRAIL 1336 KETTLEDRUM TRAIL ENTERPRISE, FL 32725 ENTERPRISE, FL 32725 01282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0537355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUBBARD, HUNTER. DO NOT WRITE 1336 KETTLEDRUM TRAIL ENTERPRISE, FL 32725 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 reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HUBBARD, HUNTER 1336 KETTLEDRUM TRAIL STREET ADORESS CITY-ST-ZIP ENTERPRISE, FL 32725 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 expute this report is 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 third like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR

1.27.05

407.323-6398

Daytime Phone #

FILED Mar 04, 2005 8:00 am