


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90031 032 ***150.00

DOCUMENT # P04000006881	
1. Entity Name DAVID HUBBARD INSTALLER INC.	

Principal Place of Business 1508 HAWK GRIFFIN RD S PLANT CITY FL 33563	Mailing Address 1508 HAWK GRIFFIN RD S PLANT CITY FL 33563
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 1402 N. Nancy Terrace	3. Mailing Address 1402 N. Nancy Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Plant City FL	City & State Plant City FL
Zip 33563	Zip 33563
Country Hillsborough	Country Hillsborough

4. FEI Number 562430535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVID, HUBBARD 1508 HAWK GRIFFIN RD S PLANT CITY FL 33563	
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7. Name and Address of New Registered Agent	
Name David Hubbard	
Street Address (P.O. Box Number is Not Acceptable) 1402 N. Nancy Terrace	
City Plant City	FL Zip Code 33563

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 **DAVID HUBBARD** DATE **3/7/05**
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Delete DAVID, HUBBARD 1508 HAWK GRIFFIN RD PLANT CITY FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVID HUBBARD 1402 N. Nancy Terrace Plant City, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: **David Hubbard** DATE **3-7-05** 813 759 6683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR