

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000041433	
1. Entity Name MATTHEW HUBBARD CONSTRUCTION CORP.	



FILED

05 JAN 26 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262005 Chg-P CR2E034 (10/03)

Principal Place of Business P. O. BOX 16607 TALLAHASSEE, FL 32317	Mailing Address P. O. BOX 16607 TALLAHASSEE, FL 32317
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2. Principal Place of Business PO Box 595 Suite, Apt. #, etc.	3. Mailing Address PO Box 595 Suite, Apt. #, etc.
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City & State Carreabelle FL	City & State Carreabelle FL
Zip 32322	Zip 32322
Country Franklin	Country Franklin

4. FEI Number 90-0149618	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUBBARD, MATTHEW 661 CYPRESS LN. EAST POINT, FL 32328	
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7. Name and Address of New Registered Agent Name: Matthew Hubbard Street Address (P.O. Box Number is Not Acceptable): 64 17th St City: Apalachicola FL Zip Code: 32320	
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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: Matthew T Hubbard DATE: 1-26-05	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUBBARD, MATTHEW P. O. BOX 16607 TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBBARD, BLAKE 463 SQUIRREL DR. NEWTON, AL 36352 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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: Matthew T Hubbard SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 1-26-05 DAYTIME PHONE #: 570 4080