

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000041433

FILED
Oct 20, 2005
Secretary of State

Entity Name: MATTHEW HUBBARD CONSTRUCTION CORP.

Current Principal Place of Business:

64 17TH
APALACHCOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 595
CARREBELLE, FL 32322

New Mailing Address:

FEI Number: 90-0149618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUBBARD, MATTHEW
64 17TH STREET
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUBBARD, MATTHEW
Address: P. O. BOX 595
City-St-Zip: CARRABELLE, FL 32322

Title: V () Delete
Name: HUBBARD, BLAKE
Address: 463 SQUIRREL DR.
City-St-Zip: NEWTON, AL 36352

Title: D () Delete
Name: HADDAD, ELLIS
Address: PO BOX 595
City-St-Zip: CARRABELLE, FL 32322

Title: SEC (X) Delete
Name: ROBISON, DANYELL
Address: 64 17TH STREET
City-St-Zip: APALACHCOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBISON, DANYELL
Address: P. O. BOX 595
City-St-Zip: CARRABELLE, FL 32322

Title: V (X) Change () Addition
Name: HUBBARD, MATTHEW
Address: P.O. BOX 595
City-St-Zip: CARRABELLE, FL 32322

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: DANYELL ROBISON

P

10/20/2005

Electronic Signature of Signing Officer or Director

Date