



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90264 033 \*\*\*150.00

<b>DOCUMENT # P04000072714</b> 1. Entity Name <b>GAIL E. HUBBARD ENTERPRISES, INC.</b>					
Principal Place of Business <del>263 TAHO CIRCLE</del> <del>VALRICO, FL 33594</del> <del>US</del>			Mailing Address <del>263 TAHO CIRCLE</del> <del>VALRICO, FL 33594</del> <del>US</del>		
2. Principal Place of Business <b>1843 AMBERWOOD DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1843 AMBERWOOD DRIVE</b> Suite, Apt. #, etc.			
City & State <b>RIVERVIEW FL</b>		City & State <b>RIVERVIEW FL</b>		4. FEI Number <b>20-1078219</b>	
Zip <b>33569</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
-- -- -- 6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HUBBARD, GAIL E</b> <del>263 TAHO CIRCLE</del> <del>VALRICO, FL 33594</del>				Name  Street Address (P.O. Box Number is Not Acceptable) <b>1843 AMBERWOOD DRIVE</b>  City <b>RIVERVIEW</b> <b>FL</b> Zip Code <b>33569</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>HUBBARD, GAIL E</b> <input type="checkbox"/> Delete <del>263 TAHO CIRCLE</del> <del>VALRICO, FL 33594</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1843 AMBERWOOD DRIVE</b> <b>RIVERVIEW FL 33569</b>	
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	
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)(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.					
<b>SIGNATURE:</b>  <b>GAIL E HUBBARD DIR</b> <b>4/15/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #</small>					