2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000072714

1. Entity Name

GAIL E. HUBBARD ENTERPRISES, INC.



FILED Apr 26, 2006 08:00 AN Secretary of State

Principal Place of Business 1843 AMBERWOOD DRIVE RIVERVIEW, FL 33569 US Mailing Address

1843 AMBERWOOD DRIVE RIVERVIEW, FL 33569 US



03252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1078219

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, GAIL E 1843 AMBERWOOD DRIVE RIVERVIEW, FL 33569

DO NOT WRITE IN THIS SPACE

((VEI(VIEV), 1 = 30000		IN THIS SPACE			
The above named entity submits this statement for the parties obligations of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	th, In the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title	if applicable. [NOTE, Registered /	gent signatur	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	110000535203 05/08/06-80043-024 150.00	
TITLE P/D HUBBARD, GAIL E STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	CIORS				
NAME STREET ADDRESS CITY-ST-ZIP III'LE NAME STREET ADDRESS CITY-ST-ZIP	,	DO NOT WRITE IN THIS SPACE			
TIYLE NAME STREET ADORESS CITY-ST-ZIP					
NTLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

CITY-ST-ZIP

GNATURE WIND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS

GAILE HUBBAGA

4/22/0

813 503 855