

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000106895

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** HUBBS OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

32627 WINDY OAK STREET  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

32627 WINDY OAK STREET  
SORRENTO, FL 32776

**New Mailing Address:**

**FEI Number:** 20-3235293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROCK SPRING TAX & ACCOUNTING  
13 E TANGLEWOOD DRIVE  
APOPKA, FL 32712 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: PSTD  
Name: HUBBS, ALEXANDER J  
Address: 32627 WINDY OAK STREET  
City-St-Zip: SORRENTO, FL 32776

Title: VP  
Name: HUBBS, JAMIE M  
Address: 32627 WINDY OAKS STREET  
City-St-Zip: SORRENTO, FL 32776

I hereby 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 all other like empowered.

SIGNATURE: ALEXANDER J HUBBS

PTSD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date