



FILED
Apr 28, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000004260		
1. Entity Name HUBBY RENTAL HOME SERVICES, INC.		
Principal Place of Business 13549 IVY BROOKE LANE ORLANDO, FL 32828 US		Mailing Address 13549 IVY BROOKE LANE ORLANDO, FL 32828 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BARTOSAVAGE, LAURA M 13549 IVY BROOKE LANE ORLANDO, FL 32828		 04072008 No Chg-P CR2E034 (11/05)
		4. FEI Number 03-0582186 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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> DATE _____		DO NOT WRITE IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTOSAVAGE, BLAINE A 13549 IVY BROOKE LANE ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTOSAVAGE, LAURA M 13549 IVY BROOKE LANE ORLANDO, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Laura M. Bartosavage Vice President</i> 4/26/08 407-493-2241 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		