2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000013897

1. Entity Name LANCE HUBSCHMITT, INC.



Principal Place of Business

4184 LANCASTER DR SARASOTA, FL. 34241 Mailing Address

4184 LANCASTER DR SARASOTA, FL. 34241

FILED Jul 15, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 27-0134834

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUBSCHMITT, LANCE 4184 LANCASTER DRIVE SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE

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.	Signeture, typed or printed name of registered agent and title	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCHMITT, LANCE 4184 LANCASTER DR SARASOTA, FL 34241				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCHMITT, BRENDA 4184 LANCASTER DR SARASOTA, FL 34241		U00000954891 07/15/08-80002-009 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCHMITT, KRISTA N 4184 LANCASTER DR SARASOTA, FL 34241	ASTER DR			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-S1-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08

941-371-1061

Daytime Phone #