

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127161

Entity Name: HUBER CONCEPTS, INC.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

6850 NE 150TH AVE  
WILLISTON, FL 32696

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 268  
WILLISTON, FL 32696

## New Mailing Address:

POST OFFICE BOX 833  
WILLISTON, FL 32696

FEI Number: 20-5660630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUBER, JAY  
6850 NE 150TH AVE.  
WILLISTON, FL 32696 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUBER, JAY  
Address: POST OFFICE BOX 268  
City-St-Zip: WILLISTON, FL 32696

Title: S/T ( ) Delete  
Name: HUBER, PAM  
Address: POST OFFICE BOX 268  
City-St-Zip: WILLISTON, FL 32696

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HUBER, JAY  
Address: POST OFFICE BOX 833  
City-St-Zip: WILLISTON, FL 32696

Title: S/T (X) Change ( ) Addition  
Name: HUBER, PAM  
Address: POST OFFICE BOX 833  
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAM HUBER

S/T

04/27/2009

Electronic Signature of Signing Officer or Director

Date