


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37666</b> 1. Entity Name HUBER HOUSE, INC.			
Principal Place of Business 1100 SW SHORELINE DR APT 102 PALM CITY, FL 34990		Mailing Address 1100 SW SHORELINE DR APT 102 PALM CITY, FL 34990	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  HUBER, DOROTHY M 1100 SW SHORELINE DR APT 102 PALM CITY, FL 34990		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	HUBER, DOROTHY M.		
STREET ADDRESS	1100 SW SHORELINE DR., AOT. 102		
CITY-ST-ZIP	PALM CITY, FL 34990		
TITLE	T		
NAME	DOWNING, DUTTERER		
STREET ADDRESS	1100 SW SHORELINE DR., APT 102		
CITY-ST-ZIP	PALM CITY, FL 34990		
TITLE	S		
NAME	BULLOCK, DEBRA		
STREET ADDRESS	206 WELLINGTON DR		
CITY-ST-ZIP	LINCOLNTON, NC 28092		
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 exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <u>Dorothy M. Huber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-15-04</u> <u>772-546-4486</u> <small>Date Daytime Phone #</small>	



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number **23-0970770** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

U00000007714  
01/20/04-80034-022 150.00

**DO NOT WRITE  
IN THIS SPACE**