2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90257 011 ***158.75

DOCUMENT # P37666

1. Entity Name
HUBER HOUSE, INC.

CHANGE ADDRESS

Principal Place of Business
~~1100 SW SHORELINE DR~~ 3322 Thornwood DR.
~~APT 102~~
~~PALM CITY, FL 34990~~ SARASOTA, FL 34231

Mailing Address
3322 Thornwood DR.
~~1100 SW SHORELINE DR~~
~~APT 102~~
~~PALM CITY, FL 34990~~ SARASOTA, FL. 34231

CHANGE ADDRESS

400026941

01172005 No Chg-P CR2E034 (10/03)

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

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

6. Name and Address of Current Registered Agent

CHANGE REG. AGENT

~~HUBER, DOROTHY M~~
~~1100 SW SHORELINE DR~~
~~APT 102~~
~~PALM CITY, FL 34990~~

Downing Dutterer
3322 Thornwood DR
SARASOTA, FL 34231

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: X Downing A Dutterer President 2-26-05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

CHANGE NAME & ADDRESS

TITLE	D PRESIDENT
NAME	~~HUBER, DOROTHY M~~ DOWNING DUTTERER
STREET ADDRESS	~~1100 SW SHORELINE DR, APT. 102~~ 3322 THORNWOOD DR.
CITY-ST-ZIP	~~PALM CITY, FL 34990~~ SARASOTA, FL 34231

CHANGE ADDRESS

TITLE	T
NAME	DOWNING, DUTTERER
STREET ADDRESS	~~1100 SW SHORELINE DR, APT 102~~ 3322 THORNWOOD DR.
CITY-ST-ZIP	~~PALM CITY, FL 34990~~ SARASOTA, FL 34231

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: X Downing A Dutterer 2-26-05 McNabb Beardsley Sue McNabb BEARDSLEY 941-365-4480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #