2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P98000100748

1. Entity Name HUPP & BRACIAK, INC.



Principal Place of Business

635 COURT STREET SUITE 201

CLEARWATER, FL 33756

Mailing Address

907 SOUTH FT. HARRISON AVE SUITE 102

CLEARWATER, FL 33756

FILED Apr 05, 2007 08:00 A Secretary of State



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03302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3540711

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUPP, ANDREW 907 SOUTH FT. HARRISON AVE **SUITE 102** CLEARWATER, FL 33756

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8. The above named entity submits this statement for the p	urpose 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		
Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees	
10 OFFICERS AND DIREC	TOPS	

DPST TITLE NAME HUPP, ANDREW STREET ADDRESS 907 SOUTH FT. HARRISON AVE SUITE 102 CLEARWATER, FL 33756 CITY-ST-ZIP TITLE BRACIAK, BRETT NAME STREET ADDRESS 800 ISLAND WAY CLEARWATER, FL 33767 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP 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 indicated on this report or supplemental reports Ws filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information we and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director where to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or tru changed, or on an attachment with a

SIGNATURE:

NAME STREET ADDRESS CITY-S1-ZIP