

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 031 ***150.00

DOCUMENT # S18988

1. Entity Name

HUBBARD'S LTD. OF NAPLES, INC.



Principal Place of Business

5400 TAYLOR ROAD
#109
NAPLES FL 34109
US

Mailing Address

5400 TAYLOR ROAD
#109
NAPLES FL 34109
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-0986268**

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/05)



6. Name and Address of Current Registered Agent

HUBBARD, ROBERT A.
5400 TAYLOR RD.
#109
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Robert A. Hubbard

ROBERT A. HUBBARD

1/23/06

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME HUBBARD, ROBERT A.
STREET ADDRESS ~~2130 ARIELLE DR #310~~
CITY-ST-ZIP NAPLES FL ~~34109~~

TITLE DVS ☐ Delete
NAME HUBBARD, KAREN D.
STREET ADDRESS ~~2130 ARIELLE DR #310~~
CITY-ST-ZIP NAPLES FL ~~34109~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ROBERT A. HUBBARD ☒ Change ☐ Addition
NAME
STREET ADDRESS 4134 STRATFORD CT. #1701
CITY-ST-ZIP NAPLES, FL 34105

TITLE KAREN D. HUBBARD ☒ Change ☐ Addition
NAME
STREET ADDRESS 4134 STRATFORD CT. #1701
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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: *Robert A. Hubbard* ROBERT A. HUBBARD 1/23/06 239-566-3242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #