

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # F96000006317**

1. Entity Name  
**HUB ENTERPRISES, INC.**



Principal Place of Business

**221 SOUTH PARK PLAZA  
BLDG D  
LAFAYETTE, LA 70508**

Mailing Address

**PO BOX 3162  
LAFAYETTE, LA 70502-3162**



02032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**72-0827028**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIES, JEFFREY  
6004 SW 146 COURT  
MIAMI, FL 33183**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**02/13/2004 011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROMERO, JAMES H
STREET ADDRESS	221 SOUTHPARK, BLDG D
CITY-ST-ZIP	LAFAYETTE, LA 70508
TITLE	S
NAME	REGAN, DWAYNE
STREET ADDRESS	221 SOUTH PARK BLDG D
CITY-ST-ZIP	LAFAYETTE, LA 70508
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**000000055174  
02/17/04-80026-009 150.00**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James H. Romero - President 2/3/04 800.873.0933**

Date

Daytime Phone #