

1.) CORPORATION NAME:

HUBBARD CONSTRUCTION COMPANY

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.
4445 CORPORATION LANE, 2ND FLOOR
VIRGINIA BEACH, VA**

SCC ID NO: **F1785239**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	650,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1936 LEE ROAD

CITY/ST/ZIP: WINTER PARK, FL 32789

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ALAN M CAHILL TITLE: PRESIDENT ADDRESS: 1936 LEE ROAD CITY/ST/ZIP/CO: WINTER PARK, FL 32789</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: P FREDERICK ODEA JR TITLE: VP/CFO/TRES/SEC ADDRESS: 1936 LEE RD CITY/ST/ZIP/CO: WINTER PARK, FL 32789</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVE PLASTEK TITLE: VP/ASST SEC ADDRESS: 1936 LEE ROAD CITY/ST/ZIP/CO: WINTER PARK, FL 32789</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CARMEN T. BUDNOVICH TITLE: ASST SECRETARY ADDRESS: 1936 LEE ROAD CITY/ST/ZIP/CO: WINTER PARK, FL 32789</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM DUMAS TITLE: ASST SECRETARY ADDRESS: 1936 LEE ROAD CITY/ST/ZIP/CO: WINTER PARK, FL 32789</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TRACY HEWETT TITLE: ASST SECRETARY ADDRESS: 1936 LEE ROAD CITY/ST/ZIP/CO: WINTER PARK, FL 32789</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DIRK STORY TITLE: ASST SECRETARY ADDRESS: 1936 LEE ROAD CITY/ST/ZIP/CO: WINTER PARK, FL 32789	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK SULLIOT TITLE: DIRECTOR ADDRESS: 1936 LEE RD CITY/ST/ZIP/CO: WINTER PARK, FL 32789	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CARMEN T. BUDNOVICH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARMEN T. BUDNOVICH, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/2/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		