


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # G79345
 1. Entity Name
 F. H. B. ENTERPRISES, INC.



Principal Place of Business 1700 N. PONCE DE LEON BLVD. 1700 PONCE DE LEON BOULEVARD ST. AUGUSTINE, FL 32084 US	Mailing Address 1700 NORTH PONCE DE LEON BLVD 1700 PONCE DE LEON BOULEVARD ST. AUGUSTINE, FL 32084 US
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01252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2366538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOZARD, FRED H., III
 1700 N. PONCE DE LEON BLVD
 ST. AUGUSTINE, FL 32084

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and file if applicable

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOZARD, FRED H., III 317 REDWING LANE ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHAD, HAROLD W., III 5031 YACHT CLUB ROAD JACKSONVILLE, FL
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)(f), 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 titles empowered

SIGNATURE: Fred H. Bozard III **3-11-05** 904/824-4691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #