

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000167110

Entity Name: HBC ENTERPRISES, INC.

FILED  
Nov 05, 2009  
Secretary of State

**Current Principal Place of Business:**

1790 KIM DENISE CT  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2096  
DELAND, FL 32731

**New Mailing Address:**

FEI Number: 20-4020865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAILEY, ROBERT S PRES  
1790 KIM DENISE CT  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ROBERT BAILEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BAILEY, ROBERT S  
Address: 1790 KIM DENISE CT  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: BAILEY, ROBERT S II  
Address: 2765 REDWING VILLAGE  
City-St-Zip: DELAND, FL 32720

Title: T ( ) Delete  
Name: COMER, DENNIS L  
Address: 1860 MERCERS FERNERY RD  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete  
Name: HESTER, JAMES ROBERT  
Address: 24524 BONNET ROAD  
City-St-Zip: ASTOR, FL 32102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES HESTER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

11/05/2009

\_\_\_\_\_  
Date