2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043867 1. Entity Name H.C. BUILDING, INC. 90131610 Principal Place of Business Mailing Address 151 VENETIAN BLVD. 151 VENETIAN BLVD. ST.AUGUSTINE, FL 32095 ST.AUGUSTINE, FL 32095 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05232007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 02-0718491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAROL, GOSPODARSKY ACC Street Address (P.O. Box Number is Not Acceptable) 1720-E A1A SOUTH ST. AUGUSTINE, FL 32080 City Zip Code FL 75 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE Delete TITLE ☐ Change CHIBANA, HIROKI T MR. NAME NAME STREET ADDRESS 151 VENETIAN BLVD. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE, FL 32095 CITY ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition PILAR, CHIBANA E MRS. NAME NAME 151 VENETIAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST.AUGUSTINE, FL 32095 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or fustee 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 without address, with all pither like empowered. he some SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jun 21, 2007 8:00 am Secretary of State

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Division of Corporations

Annual Report

Annual Report Help

2007 ANNUALREPORT PAIB CK # 2371 05-01-07

Document Number P04000043867 **Business Entity Name**

H.C. BUILDING, INC.

FEI Number

020718491

FEI Number Status

Listed Above () Applied For () Not

Applicable

Certificate of Status Desired

O Yes
No \$8.75 each

Election Campaign Financing Trust Fund

Contribution

O Yes
No

Principal Place of Business

Address

151 VENETIAN BLVD.

Suite, Apt. #, etc.

City, State

ST.AUGUSTINE

Zip Code & Country 32095

Mailing Address

Address

151 VENETIAN BLVD.

Suite, Apt. #, etc.

City, State

ST.AUGUSTINE

Zip Code & Country 32095

Name and Address of Registered Agent

| Name (Last, First, Middle, Title) | CAROL | ,GOSPODARSKY, | ACC |
|-----------------------------------|----------------------------|---|----------|
| - OR - | | | |
| Business to serve as RA | | | |
| Address (PO Box is not acceptable | | ITH | |
| Suite, Apt. #, etc. | <i>c, 1720 E 7</i> 117 Goc | , | <u>.</u> |
| • | | | |
| City, State | ST. AUGUSTINE | , FL | |
| Zip Code & Country | | | |

| AT | TACHMENT/1012 | 1270 Page 2 of 4 |
|-------|---------------|------------------|
| 32080 | us# p0400 | 00043867 |

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

| Title | Р | | | | |
|---|----------------|-----------|----------|--------|--|
| Name (Last, First, Middle, Title) | CHIBANA | ,HIROKI | ,т | , MR. | |
| - OR - | | | | | |
| Entity Name to serve as Officer/Director | | | ••••• | | |
| Street Address | 151 VENETIAN B | LVD. | | | |
| City, State | ST. AUGUSTINE | , FL | : | | |
| Zip Code & Country | 32095 | | | | |
| Title | VP | | | | |
| Name (Last, First, Middle, Title) | PILAR | , CHIBANA | ĻΕ | , MRS. | |
| - OR - | | | | | |
| Entity Name to serve as Officer/Director | | | | | |
| Street Address | 151 VENETIAN B | LVD. | | | |
| City, State | ST.AUGUSTINE | , FL | : | | |
| Zip Code & Country | 32095 | | | | |
| Title | | | | | |
| Name (Last, First, Middle, Title) | | , | . | • | |