

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 239597
 1. Entity Name
 C.F. HAMBLIN, INC.



Principal Place of Business: 2 CHARLES ST. P.O. BOX 1568 ST AUGUSTINE, FL 32085
 Mailing Address: 2 CHARLES ST. P.O. BOX 1568 ST AUGUSTINE, FL 32085



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0993013 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREEN, III H
 2 CHARLEST STREET
 ST AUGUSTINE, FL 32095

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: _____ (NOTE: Registered Agent signature required when reinstating)

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

DATE: 02/12/05-80052-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	GREEN, H F, III
STREET ADDRESS	2 CHARLES STREET
CITY - ST - ZIP	ST AUGUSTINE, FL 00000, 32095
TITLE	DP
NAME	HOEFER, DEBRA GREEN
STREET ADDRESS	2 CHARLES STREET
CITY - ST - ZIP	ST. AUGUSTINE, FL 32095
TITLE	V
NAME	GREEN, HENRY F JR
STREET ADDRESS	2 CHARLES STREET
CITY - ST - ZIP	ST AUGUSTINE, FL 32095
TITLE	V
NAME	GREEN, SHIRLEY T
STREET ADDRESS	2 CHARLES ST
CITY - ST - ZIP	ST AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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)(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 like empowered.

SIGNATURE: *[Handwritten Signature]* U.P. 12-10-05 1904822-6858
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #