

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 239597</b>	
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
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02192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0993013	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  GREEN, III H 2 CHARLEST STREET ST AUGUSTINE, FL 32095
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retesting) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	DVST GREEN, H F, III 2 CHARLES STREET ST AUGUSTINE, FL 00000, 32095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOEFER, DEBRA GREEN 2 CHARLES STREET ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREEN, HENRY F JR 2 CHARLES STREET ST AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GREEN, SHIRLEY T 2 CHARLES ST ST AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000455257  
03/15/06-80047-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: Henry F Green III 7-27-06 829-6858  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #