

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 239597

1. Entity Name
C.F. HAMBLÉN, 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



03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-0993013 | Applied For <input type="checkbox"/> 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

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 | |

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* **Henry F Green III** **3-17-08** **9104 879-6858**
 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/te Phone #