
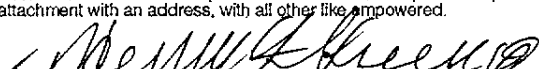


FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 470290				Secretary of State	
1. Entity Name HAMBLÉN WHOLESALE, INC.					
Principal Place of Business 2 CHARLES ST. BOX 1568 ST. AUGUSTINE, FL 32084		Mailing Address 2 CHARLES ST. BOX 1568 ST. AUGUSTINE, FL 32084			
DO NOT WRITE IN THIS SPACE					
				01252005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-1577738	
				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 CHARLES 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GREEN, HENRY F. III 2 CHARLES STREET ST. AUGUSTINE, FL 32095				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS HOEFER, DEBRA GREEN 2 CHARLES STREET ST. AUGUSTINE, FL 32095				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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:  Pres. 2-10-05 904-825-8858 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					