

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

01-26-2005 90013 041 ***158.75

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DOCUMENT # F04000002638					
1. Entity Name HMB ACCEPTANCE CORP.					
Principal Place of Business 2002 SUMMIT BOULEVARD, STE. 100 ATLANTA, GA 30319			Mailing Address 2002 SUMMIT BOULEVARD, STE. 100 ATLANTA, GA 30319		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1116280	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME RACE, KEVIN	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2002 SUMMIT BOULEVARD, STE. 100	CITY-ST-ZIP ATLANTA, GA 30319			STREET ADDRESS	CITY-ST-ZIP
TITLE C	NAME FLOOD, PATRICK S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2002 SUMMIT BOULEVARD, STE. 100	CITY-ST-ZIP ATLANTA, GA 30319			STREET ADDRESS	CITY-ST-ZIP
TITLE VPS	NAME MCGUIRE, CHARLES W	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2002 SUMMIT BOULEVARD, STE. 100	CITY-ST-ZIP ATLANTA, GA 30319			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME JANNOTTA, EDGAR D JR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2002 SUMMIT BOULEVARD, STE. 100	CITY-ST-ZIP ATLANTA, GA 30319			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME TIMM, DANIEL L.	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2002 SUMMIT BOULEVARD, STE. 100	CITY-ST-ZIP ATLANTA, GA 30319			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME RARDIN, KENNETH D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2002 SUMMIT BOULEVARD, STE. 100	CITY-ST-ZIP ATLANTA, GA 30319			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)(i), 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: _____		Charles W. McGuire		01/20/05 (404) 303-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	