

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 012 ***150.00

DOCUMENT # F05000003888

1. Entity Name
HB SHIELD, INC.



Principal Place of Business
331 CROFTON DRIVE
OCOE, FL 34761

Mailing Address
331 CROFTON DRIVE
OCOE, FL 34761

2. Principal Place of Business - No P.O. Box #
310 S. Dillard St.,

3. Mailing Address
310 S. Dillard St.,

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

City & State
Winter Garden, FL

City & State
Winter Garden, FL

Zip
34787

Country

Zip
34787

Country

01042007

Chg-P

CR2E034 (12/06)

4. FEI Number
88-0173539

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, STEVEN
331 CROFTON DRIVE
OCOE, FL 34761

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

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, 2007 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
CP
HOFFMAN, MARTIE
331 CROFTON DRIVE
OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
HOFFMAN, STEVEN M
331 CROFTON DRIVE
OCOE, FL 34761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SHIELDS, RUTH M
3595 W. FORD AVENUE
LAS VEGAS, NV 89139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
310 S. Dillard St., Ste. 310
Winter Garden, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
310 S. Dillard St., Ste. 310
Winter Garden, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-07