

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G79345**

1. Entity Name  
**F. H. B. ENTERPRISES, INC.**



Principal Place of Business

**1700 N. PONCE DE LEON BLVD.  
1700 PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 32084 US**

Mailing Address

**1700 NORTH PONCE DE LEON BLVD  
1700 PONCE DE LEON BOULEVARD  
ST. AUGUSTINE, FL 32084 US**



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2366538** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOZARD, FRED H., III  
1700 N. PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **BOZARD, FRED H., III**  
STREET ADDRESS **317 REDWING LANE**  
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

TITLE **STD**  
NAME **SHAD, HAROLD W., III**  
STREET ADDRESS **5031 YACHT CLUB ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 title empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* **FRED H BOZARD III** 3-11-05 904/824-4671