2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # J92106

1. Entity Name H & B CONSULTING ENGINEERS, INC.

FILED Jan 09, 2004 08:00 AM **Secretary of State**

Principal Place of Business

410B E. BELT AVE

C/O BENNIE BEDENBAUGH-P O BOX 520 BUSHNELL, FL 33513 US

Mailing Address

P.O. BOX 520

C/O BENNIE BEDENBAUGH-P O BOX 520

BUSHNELL, FL 33513 US



01052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2849689

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

BEDENBAUGH, BENNIE E 410B E. BELT AVE BUSHNELL, FL 33513

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					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financi Trust Fund Contribution.	mg 🗆	\$5.00 May Be Added to Fees	
10.	ÖFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE HAME STREET ADDRESS CITY-ST-BP	V WICKS, KENNETH R 108 SHOREWOOD CT TAVARES, FL 32778				000000001748 01/12/04-80023-013 158.75
TRILE NAME STREET ADDRESS CITY+ST-ZIP	P BEDENBAUGH, BENNIE E. 5525 PALM LAKE CIRCLE ORLANDO, FL 32819				01/12/04-89823-013 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZEP	ST CLUTTS, DAVID 926 LAKE ELSIE DR TAVARES, FL 32778			DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-JIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP					•
BILE NAME STREET ADDRESS CITY-SI-ZIP					··-
12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. I further certify that the information					

referred control that the information supplied with this filling does not quality 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 employered.

SIGNATURE:

TYPED OR PRINTED NAME OF SI

(352)793-2113