


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N93000005416</b><br>1. Entity Name<br>HBHCI HUD 2, INC. |  |
|---|---|

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|---|--|
| Principal Place of Business<br>7809 MASSACHUSETTS AVE<br>NEW PT RICHEY, FL 34653 US | Mailing Address<br>P.O. BOX 428<br>NEW PORT RICHEY, FL 34656-0428 US |
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01302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>59-3212744  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent  
  
TORRENCE, ALFRED W JR.  
6645 RIDGE RD.  
PORT RICHEY, FL 34668

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>LEONARDO, DOUGLAS<br>4601 FARMHOUSE DRIVE<br>TAMPA, FL 33624         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HELIE, KING<br>3707 CORSAIR COURT<br>NEW PORT RICHEY, FL              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OLDS, SUSAN<br>1278 CLAYS TRAIL<br>OLDMARS, FL 34677                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCD<br>BARNETT, BEVERLY<br>6220 MISSOURI AVE.<br>NEW PORT RICHEY, FL 34653 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>DENNIS, MARIE<br>1913 DARTMOUTH DRIVE<br>HOLIDAY, FL 34691          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHESTNUT, PHILLIP<br>6331 GARLAND COURT<br>NEW PORT RICHEY, FL 34652  |

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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 617, 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:**  **4-14-08** **727-816-9851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #