


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000001786 1. Entity Name HB & MS INVESTMENTS, INC.	
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Principal Place of Business 6640 NICHOLS DR. MILTON, FL 32570	Mailing Address 6640 NICHOLS DR. MILTON, FL 32570
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3617276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLEUEL, HOWARD L JR
6640 NICHOLS DR.
MILTON, FL 32570

**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: Not a printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D BLEUEL, HOWARD L JR 6640 NICHOLS DR. MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCHENFER, JUANITA M 6640 NICHOLS DR. MILTON, FL 32570
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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 filers empowered.

SIGNATURE: Howard L Bleuel 3-18-05 850-981-1631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Telephone