

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90043 011 ***150.00

DOCUMENT # P00000020911

1. Entity Name
H/B FOODS, INC.



Principal Place of Business
815 N SPRING GARDEN AVE
DELAND, FL 32720

Mailing Address
P O BOX 156
CRESCENT CITY, FL 32112



03012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3635015

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, MARSHALL E ESQ.
303 CENTRE STREET
SUITE 100
FERNANDINA BEACH, FL 32034

**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 title if applicable.

(NOTE: Registered Agent signature required when reissuing)

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 P
NAME BRYANT, BOBBY E
STREET ADDRESS 1478 ROBINWOOD DR.
CITY- ST- ZIP DELAND, FL 32720

TITLE VST
NAME BRYANT, CARRIE LEE
STREET ADDRESS 1478 ROBINWOOD DR.
CITY- ST- ZIP DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 empowered.

SIGNATURE:

Carrie Lee Bryant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/05
Date

386-698-4431
Daytime Phone #

Carrie Lee Bryant