


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90031 029 \*\*\*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
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**60016272**




2. Principal Place of Business	3. Mailing Address <b>3000 North Atlantic Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#14</b>
City & State	City & State <b>Daytona Beach, Florida</b>
Zip	Country <b>32118 USA</b>

02142006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3635015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

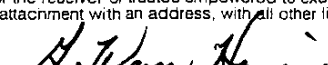
6. Name and Address of Current Registered Agent  WOOD, MARSHALL E ESQ. 303 CENTRE STREET SUITE 100 FERNANDINA BEACH, FL 32034
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7. Name and Address of New Registered Agent Name <b>Calvin F. Hayden, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>6282-3 Dupont Station Court East</b> City <b>Jacksonville FL</b> Zip Code <b>32217</b>
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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  DATE <b>Feb. 14, 2006</b>
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, BOBBY E 1478 ROBINWOOD DR. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	G. Wayne Harrison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3000 North Atlantic Avenue #14 Daytona Beach, Florida 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BRYANT, CARRIE LEE 1478 ROBINWOOD DR. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete	TITLE VST NAME STREET ADDRESS CITY-ST-ZIP	Charles W. Shepard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 818 Hazelhurst, Georgia 31539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	Date <b>Feb 14, 2006</b> 1-904-571-1282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #