

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

60016272



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
3000 North Atlantic Avenue
 Suite, Apt. #, etc.
#14

02142006 Chg-P CR2E034 (11/05)

City & State
 Daytona Beach, Florida

4. FEI Number
 59-3635015

Applied For
 Not Applicable

City & State
 Daytona Beach, Florida

Zip
 32118

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Calvin F. Hayden, Esquire

Street Address (P.O. Box Number is Not Acceptable)
6282-3 Dupont Station Court East

City
Jacksonville FL Zip Code
32217

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 **Feb. 14, 2006**

Signature, typed or printed name of registered agent, and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, BOBBY E 1478 ROBINWOOD DR. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BRYANT, CARRIE LEE 1478 ROBINWOOD DR. DELAND, FL 32720 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P G. Wayne Harrison 3000 North Atlantic Avenue #14 Daytona Beach, Florida 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Charles W. Shepard P.O. Box 818 Hazelhurst, Georgia 31539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Feb 14, 2006** 1-904-571-1282

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