

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 10, 2004 08:00 AM ---
Secretary of State**

DOCUMENT # P01000060623 1. Entity Name HBFD CORP.	
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Principal Place of Business 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801	Mailing Address 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743665	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AGC CO. 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801
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**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.

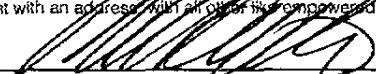
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000083694 03/10/04-80049-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALL, T THOMAS 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FULTON, RICHARD T 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS DURKIN, DENIS L 200 S ORANGE AVE STE 2300 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Richard T. Fulton, March 8, 2004 Date	Daytime Phone #
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