2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000005942

1. Entity Name
HBHC, INC.

Principal Place of Business	Mailing Address
1008 BEL AIR DRIVE HIGHLAND BEACH, FL 33487	1008 BEL AIR DRIVE HIGHLAND BEACH, FL 33487

03172004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
02-0557056	Not Applicable

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

6. Name and Address of Current Registered Agent

PAPERA, JOHN L JR,ESQ
1008 BEL AIR DRIVE
HIGHLAND BEACH, FL 33487

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 _____   3/18/04

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

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

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELKIND, ARNOLD B DR.
STREET ADDRESS	1008 BEL AIR DRIVE
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	SD
NAME	PAPERA, JOHN L JR
STREET ADDRESS	1008 BEL AIR DRIVE
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	TD
NAME	ZADOFF, JEFFRY S
STREET ADDRESS	1008 BEL AIR DRIVE
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000093115
03/22/04--80005-005 150.00

DO NOT WRITE
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: _____   3/18/04

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