

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000080529

1. Entity Name
HBH MANAGEMENT, INC.



Principal Place of Business
**19001 SUNLAKE BLVD
LUTZ, FL 33558-4949 US**

Mailing Address
**19001 SUNLAKE BLVD
LUTZ, FL 33558-4949 US**

DO NOT WRITE IN THIS SPACE



05312005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2297320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WATERS, CODY W
501 E KENNEDY BLVD., STE 1700
TAMPA, FL 33602**

**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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARTOLETTA, JAMES M
STREET ADDRESS	19001 SUNLAKE BLVD
CITY-ST-ZIP	LUTZ, FL 335584949
TITLE	D
NAME	HANNAH, CHARLES A
STREET ADDRESS	19001 SUNLAKE BLVD
CITY-ST-ZIP	LUTZ, FL 335584949
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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06/08/05-80001-020 150.00

**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:

James M. Bartoletta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Bartoletta
President

05/31/05
Date

(813) 909-1223
Daytime Phone #