

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-21-2004 90004 044 ***558.75

DOCUMENT # P02000099596

1. Entity Name

H B DESIGN BUILDERS, INC.



Principal Place of Business

340 MINORCA AVENUE
SUITE 10
CORAL GABLES FL 33134

Mailing Address

340 MINORCA AVENUE
SUITE 10
CORAL GABLES FL 33134

66429226



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

AP-PLIED FOR

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HEISENBOTTLE, RICHARD J
340 MINORCA AVENUE
SUITE 10
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-------------------------|---|------|
| TITLE | PD | TITLE | |
| NAME | HEISENBOTTLE, RICHARD J | NAME | |
| STREET ADDRESS | 340 MINORCA AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | CITY-ST-ZIP | |
| TITLE | VD | TITLE | |
| NAME | CRISSEY, DONALD L | NAME | |
| STREET ADDRESS | 247 MINORCA AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | CITY-ST-ZIP | |
| TITLE | VD | TITLE | TD |
| NAME | THOMAS, DEAN A | NAME | |
| STREET ADDRESS | 247 MINORCA AVENUE | STREET ADDRESS | Same |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | CITY-ST-ZIP | |
| TITLE | SD | TITLE | |
| NAME | DEARBORN, ARTHUR W | NAME | |
| STREET ADDRESS | 340 MINORCA AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | CITY-ST-ZIP | |
| TITLE | TD | TITLE | SD |
| NAME | BEAUCHAMP, JAMES B.D. | NAME | |
| STREET ADDRESS | 247 MINORCA AVENUE | STREET ADDRESS | Same |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:

Richard Heisenbottle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.14.04

Date

Daytime Phone #