## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000129356

Entity Name: H. B. M. DEVELOPMENT CORPORATION

FILED Jan 21, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
SUITE 400	IAMI TRAIL ) ARLOTTE, FL 33948			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O.BOX	IAMI TRAIL : 380909 K, FL 33938			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
1777 TAM SUITE 400	ROBERT M IAMI TRAIL D, BOX 27 ARLOTTE, FL 33948 US			
	named entity submits this statement for the e of Florida.	e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered A	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete BAUR, HEDVIKA 1777 TAMIAMI TRAIL, P.O. BOX 38-0909 PORT CHARLOTTE, FL 33938	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zin:	D () Delete CALLAN, ROBERT M 1777 TAMIAMI TRAIL, P. O. BOX 380909 MURDOCK FL 33938	Title: Name: Address: Citv-St-Zin:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTMCALLAN D 01/21/2004