

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90239 048 \*\*\*158.75

DOCUMENT # P04000001242

1. Entity Name  
H&B AFFILIATED, INC.



Principal Place of Business  
107 ~~KANE RD.~~ 413 Belmont Dr  
EAST PALATKA, FL 32131 Palatka Fla. 32177

Mailing Address  
107 ~~KANE RD.~~ 413 Belmont Dr  
EAST PALATKA, FL 32131 Palatka Fla. 32177

nt,  
Fla



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number  
86-1093417

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

MENEFEE, HAROLD F  
107 ~~KANE RD.~~ 413 Belmont Dr.  
EAST PALATKA, FL 32131 Palatka Fla. 32177  
Change →

**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 Harold F. Menefee (NOTE: Registered Agent signature required when reinstating) DATE 4/16/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MENEFEE, HAROLD F
STREET ADDRESS	107 <del>KANE RD.</del> 413 Belmont Dr
CITY-ST-ZIP	EAST PALATKA, FL 32131 Palatka Fla 32177
TITLE	VP
NAME	GORNT, WAYLE L
STREET ADDRESS	P.O. BOX 24
CITY-ST-ZIP	ORANGE SPRINGS, FL 32182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Harold F. Menefee Harold F. menefec  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 352-937-8501  
Daytime Phone #