

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90290 009 ***150.00

DOCUMENT # P04000008532

1. Entity Name

HNB CORPORATION



Principal Place of Business

550 WATER ST, STE 412
JACKSONVILLE FL 32202

Mailing Address

550 WATER ST, STE 412
JACKSONVILLE FL 32202

60040100



2. Principal Place of Business

NONE AT PRESENT

3. Mailing Address

570 OAKMONT DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

ORANGE PARK, FL

4. FEI Number

86-1093265

Applied For

Not Applicable

Zip

Country

Zip

Country

32073

USA

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

CLARK, ROSS T
1558 SAN MARCO BLVD
JACKSONVILLE FL 32207

Name

MARGARITA Hyslop

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

570 OAKMONT DR.

City

ORANGE PARK

FL

Zip Code

32073

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

Margarita J. Hyslop

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HYSLOP, MARGARITA	
STREET ADDRESS	5510 ROYCE AVE	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE	V	<input type="checkbox"/> Delete
NAME	HYSLOP, EDWARD H	
STREET ADDRESS	5510 ROYCE AVE	
CITY - ST - ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D + P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYSLOP, MARGARITA	
STREET ADDRESS	570 OAKMONT DR.	
CITY - ST - ZIP	ORANGE PARK, FL 32073	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYSLOP, EDWARD H.	
STREET ADDRESS	570 OAKMONT DR.	
CITY - ST - ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Margarita J. Hyslop

MARGARITA T. Hyslop

Date

4/7/06

Daytime Phone #

904-272-4854