



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90065 030 \*\*\*150.00

<b>DOCUMENT # P05000149416</b>					
<b>1. Entity Name</b> HCB FINANCIAL CORP.					
<b>Principal Place of Business</b> % IGLER & DOUGHERTY, P.A. 2457 CARE DR TALLAHASSEE, FL 32308			<b>Mailing Address</b> % IGLER & DOUGHERTY, P.A. 2457 CARE DR TALLAHASSEE, FL 32308		
<b>2. Principal Place of Business - No P.O. Box #</b> 610 PHILLIPS PROPERTIES, INC. Suite, Apt. #, etc. 1217 AIRPORT RD; UNIT 419 City & State DESTIN, FL Zip 32541		<b>3. Mailing Address</b> % PHILLIPS PROPERTIES, INC. Suite, Apt. #, etc. 1217 AIRPORT RD; UNIT 419 City & State DESTIN, FL Zip 32541			
Country USA		Country USA		04032007 Chg-P CR2E034 (12/06)	
<b>4. FEI Number</b> APPLIED FOR 20-3831308				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b> IGLER & DOUGHERTY, P.A. 2457 CARE DR TALLAHASSEE, FL 32308			<b>7. Name and Address of New Registered Agent</b> Name RUPERT E. PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 610 PHILLIPS PROPERTIES, INC. 1217 AIRPORT RD; UNIT 419 City DESTIN FL Zip Code 32541		
<b>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.</b> SIGNATURE <u>Rupert E. Phillips</u> - <u>RUPERT E. PHILLIPS</u> <u>4/4/07</u> <small>Signature, typed or printed name of registered agent and title acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. RENFROE, C. ALAN P.O. BOX 1268 CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D RUPERT E. PHILLIPS 1217 AIRPORT RD; UNIT 419 DESTIN, FL 32541	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BOWERS, DANIEL A P.O. BOX 1268 CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DAGGS, LEON JR. P.O. BOX 1268 CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. PULLUM, WILLIAM A P.O. BOX 1268 CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. MCKELVY, WILLIAM R P.O. BOX 1268 CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. PHILLIPS, RUPERT P.O. BOX 1268 CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Rupert E. Phillips</u>			RUPERT E. PHILLIPS <u>4/4/07</u> <u>850-650-5201</u> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		