

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000036322**

1. Entity Name  
**H & B MANAGEMENT PROPERTIES, INC.**



Principal Place of Business  
**8989 S ORANGE AVE  
 ORLANDO, FL 32834**

Mailing Address  
**P O BOX 593688  
 ORLANDO, FL 32859-3688**

**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3318347**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**F&L CORP.  
 THE GREENLEAF BLDG  
 200 LAURA ST  
 JACKSONVILLE, FL 32202-3527**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**P  
 HOLLOWAY, JOHN W  
 6201 MATCHETT RD  
 ORLANDO, FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**VPST  
 BAILES, JACQUELINE H  
 6212 DARTMOOR CT  
 ORLANDO, FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**VP  
 EICHER, JOHN C  
 8989 S. ORANGE AVE.  
 ORLANDO, FL 32824**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 05/04/04-80024-015 150.00

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 officers empowered.

SIGNATURE: John C. Eicher Date: 4.29.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #