


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 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**



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
 ONE INDEPENDENT DRIVE  
 SUITE 1300  
 JACKSONVILLE, FL 32202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

U00000402093  
 02/02/06-80071-023 150.00

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	

**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; that 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: John C. Eicher 1-24-06 407-851-0000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #