

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000045308

Entity Name: HCB CONSULTING, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1415 DOVE LANE  
ST. GEO. ISLAND, FL 32328

**New Principal Place of Business:**

1415 DOVE LANE  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

P.O. BOX 6870  
SHERWOOD, AR 72124

**New Mailing Address:**

FEI Number: 62-1649057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROWNE, HENRY C  
1415 DOVE LN  
ST GEORGE ISLAND, FL 32328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BROWNE, HENRY C  
Address: 1415 DOVE LANE  
City-St-Zip: ST. GEO. ISLAN, FL 32328

Title: T  
Name: HOOVER, ANGELA M  
Address: 5708 WARDEN RD  
City-St-Zip: SHERWOOD, AR 72120

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA HOOVER

CFO

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date