



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -6 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P96000084083</b> 1. Entity Name <b>HBCN, INC.</b>					
Principal Place of Business <b>ROUTE 3 BOX 99 MAYO, FL 32066</b>			Mailing Address <b>559 SW LINCOLN RD MAYO, FL 32066</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		09242004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>59-3406299</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>THOMAS, WAYMON W JR 9426 BARRINGTON OAKS DRIVE DOVER, FL 33527</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 <u><i>Jo Ann Perry</i></u> <u><i>JO ANN PERRY</i></u> <u><i>10/9/03</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD PERRY, HERBERT E JR ROUTE 3 BOX 148 MAYO, FL-32066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRY, CHAN E ROUTE 3 BOX 147 MAYO, FL 32066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, EDWARD ROUTE 3 BOX 148 MAYO, FL 32066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, JO ANN ROUTE 3 BOX 148 MAYO, FL 32066	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Jo Ann Perry</i></u> <u><i>10-4-04</i></u> <u><i>386-294-1594</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					