

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90204 012 ***150.00

DOCUMENT # P98000011633

1. Entity Name
HFB PROPERTIES, INC.



Principal Place of Business
605 E ROBINSON STREET
STE 420
ORLANDO, FL 32801

Mailing Address
605 E ROBINSON STREET
STE 420
ORLANDO, FL 32801

60030715

2. Principal Place of Business
605 E. Robinson ST.

3. Mailing Address
605 E Robinson ST.

Suite, Apt. #, etc.
SUITE # 420

Suite, Apt. #, etc.
SUITE # 420

04192006 Chg-P CR2E034 (11/05)

City & State
Orlando, FL.

City & State
Orlando, FL.

4. FEI Number
59-3491510

Applied For
Not Applicable

Zip
32801

Country
Change

Zip
32801

Country
Change

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANKINS, THOMAS E
105 E ROBINSON ST SUITE #420
ORLANDO, FL 32801

605 E ROBINSON ST
SUITE # 500
ORLANDO, FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HANKINS, THOMAS E	
STREET ADDRESS	3679 WINDING LAKE CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREDERICK, CHARLES R	
STREET ADDRESS	205 LAKE COPELAND DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32806	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, M.W. JEFFREY	
STREET ADDRESS	1911 S SUMMERLIN	
CITY - ST - ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

SIGNATURE:

TEU *Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

407-843-7070
Daytime Phone #