

**--2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000011633**

1. Entity Name  
HFB PROPERTIES, INC.



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

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



04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3491510

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HANKINS, THOMAS E  
605 EAST ROBINSON ST  
SUITE 500  
ORLANDO, FL 32601

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000722936  
05/02/07-80052-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HANKINS, THOMAS E  
STREET ADDRESS 3679 WINDING LAKE CIRCLE  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D  
NAME FREDERICK, CHARLES R  
STREET ADDRESS 205 LAKE COPELAND DRIVE  
CITY-ST-ZIP ORLANDO, FL 32806

TITLE D  
NAME BROCK, M.W. JEFFREY  
STREET ADDRESS 1911 S SUMMERLIN  
CITY-ST-ZIP ORLANDO, FL 32806

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/07

Date

407-P 43-7070

Daytime Phone #