


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000011645 1. Entity Name HFB PROPERTIES - WATER'S EDGE PLAZA, INC.	
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Principal Place of Business 605 E ROBINSON ST STE 420 ORLANDO, FL 32801	Mailing Address 605 E ROBINSON ST STE 420 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3496807	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HANKINS, THOMAS E
112 EAST ANNIE STREET
ORLANDO, FL 32806**

**DO NOT WRITE
IN THIS SPACE**

B. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANKINS, THOMAS E 3679 WINDING LAKE CIRCLE ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICK, CHARLES R 205 LAKE COPELAND DRIVE ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCK, M.W. JEFFREY 3234 WALD ROAD ORLANDO, FL 32806
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/01/04-80081-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 I-ke empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas E Hankins 2/28/04 407-843-7070