

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37965

FILED
Apr 30, 2004
Secretary of State

Entity Name: H.B.M., INC.

Current Principal Place of Business:

485 HARRISON AVE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

485 HARRISON AVE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3056541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, TROY COE EARL
503 WOOD TRAIL
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

HARRIS, TROY COE EARL
2312 ASHLAND DRIVE
PANAMA CITY, FL 32405 US

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

04/30/2004

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARRIS, TROY COE EAR, L
Address: 503 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: V () Delete
Name: HARRIS, LERAE D
Address: 503 WOOD TRAIL
City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete
Name: RICHARDSON, TINA D
Address: 193 DERBY WOODS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: VPOS () Delete
Name: STEPHENS, III, ROBERT L
Address: 1265 CAPRI DR
City-St-Zip: PANAMA CITY, FL 32405

Title: VPGA (X) Delete
Name: CRABTREE, SHAWN
Address: 4020 LEESWAY CIRCLE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARRIS, TROY COE EAR, L
Address: 2312 ASHLAND DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: HARRIS, LERAE D
Address: 2312 ASHLAND DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: T (X) Change () Addition
Name: RICHARDSON, TINA D
Address: 193 DERBY WOODS DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP (X) Change () Addition
Name: BATTEN, DAVID D
Address: 4594 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA RICHARDSON

Electronic Signature of Signing Officer or Director

T

04/30/2004

Date