

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000064319

**Entity Name:** HB FORECLOSURE SOLUTIONS, INC.

**Current Principal Place of Business:**

HB FORECLOSURE SOLUTIONS, INC  
5901 US HWY 19 SUITE 7D  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

HB FORECLOSURE SOLUTIONS, INC  
5901 US HWY 19 SUITE 7D  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 26-2946344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURNARD, MARY A  
HB FORECLOSURE SOLUTIONS, INC  
5901 US HWY 19 SUITE 7D  
NEW PORT RICHEY, FL 34652 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:** MARY A BURNARD

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BURNARD, HARRY  
Address HB FORECLOSURE SOLUTIONS, INC  
5901 US HWY 19 SUITE 7D  
City-State-Zip: NEW PORT RICHEY FL 34652

Title S  
Name BURNARD, MARY A  
Address HB FORECLOSURE SOLUTIONS, INC  
5901 US HWY 19 SUITE 7D  
City-State-Zip: NEW PORT RICHEY FL 34652

Title T  
Name BURNARD, MARY A  
Address HB FORECLOSURE SOLUTIONS, INC  
5901 US HWY 19 SUITE 7D  
City-State-Zip: NEW PORT RICHEY FL 34652

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARY A BURNARD

S D

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date