


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90346 034 ***158.75

DOCUMENT # S26427			
1. Entity Name HIBACO HOLDINGS, INC.			
Principal Place of Business 155 INTERNATIONAL GOLF PKWY ST. AUGUSTINE, FL 32095 US		Mailing Address 155 INTERNATIONAL GOLF PKWY ST. AUGUSTINE, FL 32095 US	
2. Principal Place of Business		3. Mailing Address 2922 AMELLIA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip	Country
		32257	USA
4. FEI Number 59-3043572		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TOLSON, JOHN F JR. 462 KINGSLEY AVE., STE. 101 ORANGE PARK, FL 32073		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, MIKE	NAME	BARNARD, MICHAEL S.
STREET ADDRESS	3820 WEST GLENDALE CT.	STREET ADDRESS	3820 WEST GLENDALE CT.
CITY - ST - ZIP	JACKSONVILLE, FL 32259	CITY - ST - ZIP	JACKSONVILLE, FL 32259
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLHOUSE, TERRY	NAME	HILLHOUSE, M. TERRY
STREET ADDRESS	2922 AMELLIA DRIVE	STREET ADDRESS	2922 AMELLIA DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL 32257	CITY - ST - ZIP	JACKSONVILLE, FL 32257
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, WARNER	NAME	
STREET ADDRESS	100 BRACKEN COURT	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32259	CITY - ST - ZIP	
TITLE	CEOD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, DONALD J	NAME	COPELAND, DONALD J.
STREET ADDRESS	2889 SOUTH PONTE VERDA BEACH	STREET ADDRESS	2889 SOUTH PONTE VERDA BLVD.
CITY - ST - ZIP	PONTE VERDA BEACH, FL 32089	CITY - ST - ZIP	PONTE VERDA BEACH, FL 32089
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>M. Terry Hillhouse</i>		M.TERRY HILLHOUSE 03-21-06 904-636-5222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	