

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90092 021 \*\*\*158.75

40060400



04132007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3043572** Applied For  
 Not Applicable

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

**DOCUMENT # S26427**  
 1. Entity Name  
**HIBACO HOLDINGS, INC.**



Principal Place of Business Mailing Address  
**155 INTERNATIONAL GOLF PKWY 2922 AMELIA DR**  
**ST. AUGUSTINE, FL 32095 US JACKSONVILLE, FL 32257 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**6. Name and Address of Current Registered Agent**  
**TOLSON, JOHN F JR.**  
**462 KINGSLEY AVE., STE. 101**  
**ORANGE PARK, FL 32073**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_  
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**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	BARNARD, MICHAEL S	
STREET ADDRESS	3820 WEST GLENDALE CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HILLHOUSE, M. TERRY	
STREET ADDRESS	2922 AMELLIA DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, WARNER	
STREET ADDRESS	100 BRACKEN COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COPELAND, DONALD J	
STREET ADDRESS	2889 SOUTH PONTE VERDA BEACH	
CITY-ST-ZIP	PONTE VERDA BEACH, FL 32089	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: M. Terry Hillhouse M. TERRY HILLHOUSE** **04-13-07** **904-636-5222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #