


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**


04-14-2008 90020 005 \*\*\*158.75

DOCUMENT # S26427 1. Entity Name HIBACO HOLDINGS, INC.	
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Principal Place of Business 155 INTERNATIONAL GOLF PKWY ST. AUGUSTINE, FL 32095 US	Mailing Address 2922 AMELIA DR JACKSONVILLE, FL 32257 US
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**DO NOT WRITE IN THIS SPACE**

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04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3043572	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR.  
 462 KINGSLEY AVE., STE. 101  
 ORANGE PARK, FL 32073

**DO NOT WRITE IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARNARD, MICHAEL S 3820 WEST GLENDALE CT. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HILLHOUSE, M. TERRY 2922 AMELIA DRIVE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COPELAND, DONALD J 2889 SOUTH PONTE VERDA BEACH PONTE VERDA BEACH, FL 32089
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04-11-08 909-810-2440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #