


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 08, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000031211 1. Entity Name HUNTER CREEK COLLECTION, INC.	
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Principal Place of Business 3195 WILLOW LANE FT. LAUDERDALE, FL 33331	Mailing Address 3195 WILLOW LANE FT. LAUDERDALE, FL 33331
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0484262	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISCHER, REBECCA H 4651 SHERIDAN ST. SUITE 300 HOLLYWOOD, FL 33021-3449

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000164492
07/08/04-80011-002 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIR, CAROLYN 3195 WILLOW LANE FT. LAUDERDALE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIR, JONATHAN 3195 WILLOW LANE FT. LAUDERDALE, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jonathan Shapir
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04 954-384-1007
Date Daytime Phone #