

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 557462**

1. Entity Name  
**HUNTERS COVE RECREATIONS, INC.**



Principal Place of Business  
**2907 SPANIEL LANE  
SEFFNER, FL 33584**

Mailing Address  
**P.O. BOX 1147  
SEFFNER, FL 33583**



06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CLARK, DONALD P  
902 SETTER CT  
SEFFNER, FL 33584**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
DAVENPORT, TED  
903 RETRIEVER AVE  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
WELCH, HAROLD  
2909 SPANIEL LN  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PE  
ZALE, ALAN  
906 SETTLER CT  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
CLARK, MARY ANN  
902 SETTER CT  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
FAMEREE, JODY  
906 RETRIEVER AVE  
SEFFNER, FL 33584**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000370287  
07/05/05-80007-021 150.00

**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)(i), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/05 813-654-7819