

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 015768

1. Entity Name
HUNT BROS., INC.



Principal Place of Business

P O BOX 631
EAST HUNT BROS. ROAD
LAKE WALES, FL 33859-0631

Mailing Address

P O BOX 631
EAST HUNT BROS. ROAD
LAKE WALES, FL 33859-0631



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0300630	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

MATTESON, JOHN, S
S.E. HUNT BROS. RD
E. HUNT BROS. ROAD
LAKE WALES, FL 33853

**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
After May 1, 2007 Fee will be \$550.00

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

U000000619465
02/08/07-80074-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNT, W. DEE 2404 SE HUNT BROS RD LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUNT, G ELLIS 2404 SE HUNT BROS RD LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, FRANK M 2404 SE HUNT BROS RD LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUNT, FRANK M., III E HUNT BROS RD LAKE WALES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, G. ELLIS, JR. 2404 SE HUNT BROS RD LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTESON, JOHN S. EAST HUNT BROS. ROAD LAKE WALES, FL
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

(863) 676-9471

Daytime Phone #