


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 015768</b>		
1. Entity Name <b>HUNT BROS., INC.</b>		
Principal Place of Business <b>P O BOX 631 EAST HUNT BROS. ROAD LAKE WALES, FL 33859-0631</b>	Mailing Address <b>P O BOX 631 EAST HUNT BROS. ROAD LAKE WALES, FL 33859-0631</b>	



01292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-0300630</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MATTESON, JOHN, S S.E. HUNT BROS. RD E. HUNT BROS. ROAD LAKE WALES, FL 33853</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>02/20/08-80077-021 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUNT, W. DEE 2404 SE HUNT BROS RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUNT, G ELLIS 2404 SE HUNT BROS RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, FRANK M 2404 SE HUNT BROS RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUNT, FRANK M., III E HUNT BROS RD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, G. ELLIS, JR. 2404 SE HUNT BROS RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTESON, JOHN S. EAST HUNT BROS. ROAD LAKE WALES, FL

**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

*John S. Matteson*  
**1/29/08 (863) 676-9471**  
Date Daytime Phone #