

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90044 041 ***158.75

DOCUMENT # 261565

1. Entity Name

HUNTER PANTS COMPANY, INC.



Principal Place of Business

9509 CARLYLE AVE.
 SURFSIDE FL 33154

Mailing Address

9509 CARLYLE AVE.
 SURFSIDE FL 33154

34060400



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0971849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBER, SIDNEY
 9509 CARLYLE AVE
 SURFSIDE FL 33154

Name _____
 Street Address (P.O. Box Numbers Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SILBER, SIDNEY	
STREET ADDRESS	9509 CARLYLE AVE	
CITY-ST-ZIP	SURFSIDE FL 33154-2447	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SILBER, MARY	
STREET ADDRESS	9509 CARLYLE AVE	
CITY-ST-ZIP	SURFSIDE FJ 33154-2447	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NANES, NANCY SILBER	
STREET ADDRESS	9509 CARLYLE AVE	
CITY-ST-ZIP	SURFSIDE FL 33154-2447	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NANES, NANCY	
STREET ADDRESS	9509 CARLYLE AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154-2447	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANES, NANCY SILBER	
STREET ADDRESS	ALL "SILBER" TO NAME. ALL ELSE	
CITY-ST-ZIP	REMAINS THE SAME.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary Silber, Sec-Treas.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-2004 305-865-2774
 Date Daytime Phone #