

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 286719**

1. Entity Name  
**HUNT BROS. SERVICE, INC.**



Principal Place of Business  
**E. HUNT BROTHERS RD.  
P.O. BOX 631  
LAKE WALES, FL 33859**

Mailing Address  
**E. HUNT BROTHERS RD.  
P.O. BOX 631  
LAKE WALES, FL 33859**

**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1059834**

Applied For  
Not Applicable

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

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

**MATTESON, JOHN, S  
S.E. HUNT BROS. RD.  
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**

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	HUNT, G. ELLIS, JR.
STREET ADDRESS	2404 SE HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	CD
NAME	HUNT, G ELLIS
STREET ADDRESS	2404 SE HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	HUNT, FRANK M
STREET ADDRESS	2404 HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	STD
NAME	MATTESON, JOHN S
STREET ADDRESS	2404 SE HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL 00000, 33853
TITLE	PD
NAME	HUNT, W. DEE
STREET ADDRESS	2404 SE HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VD
NAME	HUNT, FRANK M., III
STREET ADDRESS	2404 SE HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL 33853

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02/14/07-80031-018 150.00

**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 #