


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 286719</b> 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**



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1059834	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

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

U00000821955  
02/19/08-80047-025 150.00

**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:** *John S Matteson* 1/29/08 (863) 676-9471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #