2007 FOR PROFIT CORPORATION ... ANNUAL REPORT (AR)

FILED Feb 07, 2007 08:00 All Secretary of State **DOCUMENT # 300786** 1. Entity Namo HUNT ENTERPRISES, INC Principal Place of Business . . . Mailing Address 1224 E. LIME STREET LAKELAND FL 33801 1224 E. LIME STREET LAKELAND FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 59-1112419 Not Applicable Zıρ Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THROWER, JESSE M. 1224 EAST LIME STREET Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 City Zip Code 8. The above named onlity 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 Sgnature, typed or printed name of registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition HILL ☐ Delete TITLE HUNT, CHARLES N NAME U00000626026 1502 HALLAM DRIVE STREET ADDRESS STREET ADDRESS 02/15/07-80003-023 150.00 LAKELAND FL CITY - ST-ZIP CITY-SI-ZIP ☐ Change Addition ☐ Defete THE DHE THROWER, JESSE M NAME NAME 5605 LUTHER RD. STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP CITY-ST-ZIP Addition TITLE. Change Delete -Mitt HUNT, DORENE NAME MAM 1502 HALLAM DRIVE STREET ADDRESS STREET ADDRESS LAKELAND FL CBY - ST- ZIE CITY-S1-ZIP HILE Change ☐ Addition ☐ Delete THE NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete Change ■ Addition HHC HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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

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863-682-6187

Daytime Phone #