2008 FOR PROFIT_CORPORATION _____ANNUAL REPORT (AR)

Aug 28, 2008 8:00 am Secretary of State **DOCUMENT # 300786** 08-28-2008 90001 040 ***150.00 **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. 2nd MOORE CR2E034 (4/08) City & State City & State Applied For 4. FEI Number 59-1112419 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THROWER, JESSE M. Street Address (P.O. Box Number is Not Acceptable) 1224 EAST LIME STREET LAKELAND FL 33801 City 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) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete TITLE ☐ Change ☐ Addition HUNT, CHARLES N NAME STREET ADDRESS 1502 HALLAM DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME THROWER, JESSE M STREET ADDRESS. 5605 LUTHER RD. STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY ST 7IP IIILE Delete TITLE ☐ Change Addition NAME HUNT, DORENE NAME STREET ADDRESS 1502 HALLAM DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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Daytime Phone #

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 suppliemental 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: