

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90328 017 ***150.00

DOCUMENT # 345638

1. Entity Name
LLOYD HUNDLEY, INC.



Principal Place of Business

155 BACOM POINT RD.
PO BOX 158
PAHOKEE, FL 33476

Mailing Address

PO BOX 158
PAHOKEE, FL 33476

40072110



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1260399

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HUNDLEY JOHN
1216 E. GALLOP
LOXAHATCHEE, FL 33476

**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, 2006 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	HUNDLEY, WAYNE
STREET ADDRESS	316 FOREST AVENUE
CITY - ST - ZIP	ALTAMONTE SPGS, FL 0,
TITLE	S
NAME	CONLEY, ADA BUSH
STREET ADDRESS	16502 SW MORGAN RD
CITY - ST - ZIP	INDIANTOWN, FL 34956
TITLE	PD
NAME	HUNDLEY, JOHN
STREET ADDRESS	1216 E GALLOP
CITY - ST - ZIP	LOXAHATCHEE, FL 0,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Ada Bush Conley

Ada Bush Conley

4-27-06

561-924-5651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #