2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 359714

Entity Name: GLENN HUNTER CORPORATION

Current Principal Place of Business:

327 OFFICE PLAZA DRIVE
SUITE 203
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

327 OFFICE PLAZA DRIVE
SUITE 203
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1513659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, GLENN A
2449 ARVAH BRANCH BLVD
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HUNTER, GLEN A	
Address:	327 OFFICE PLAZA DRIVE, SUITE 203	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	S	( ) Delete
Name:	HUNTER, RACHEL A	
Address:	327 OFFICE PLAZA DR.	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VPT	( ) Delete
Name:	HUNTER, KYLE	
Address:	327 OFFICE PLAZA DR., SUITE 203	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VP	( ) Delete
Name:	HUNTER, KEITH	
Address:	327 OFFICE PLAZA DR., SUITE 203	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	GOODNER, KIMBERLY	
Address:	327 OFFICE PLAZA DR., SUITE 203	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	MCINTOSH, KAREN	
Address:	327 OFFICE PLAZA DR.	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN A. HUNTER PD 01/07/2008

Electronic Signature of Signing Officer or Director — Date