## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

SIGNATURE: ひ

## Feb 17, 2004 8:00 am Secretary of State **DOCUMENT # 437277** 1. Entity Name 02-17-2004 90049 024 \*\*\*150.00 HUNTER TEXTBOOKS, INC. Principal Place of Business Mailing Address 225 E LEMON ST #300 POST OFFICE BOX 24628 LAKELAND FL 33802 701 SHALLOW FORD ST JAUTAOL 1 WINSTON SALEM NC 27101 2. Principal Place of Business 3. Mailing Address 150 South Palmetto Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Box A City & State City & State Applied For 4. FEI Number 59-1506899 Not Applicable Daytona Beach, Florida \$8.75 Additional 5. Certificate of Status Desired Fee Required 32114 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mr. Christy F. Harris HARRIS, CHRISTY F 225 EAST LEMON STREET SUITE 300 Street Address (P.O. Box Number is Not Acceptable) 150 South Palmetto Avenue LAKELÁND FL 33806 Zip Code 32114 Daytona Beach 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. Harry Christy F. Harris February 3, 2004 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Addition ERLER, WILLIAM C NAME NAME STREET ADDRESS 9400 EDDINGS RD STREET ADDRESS CITY-ST-ZIP ODESSA FL CITY-ST-ZIP TITLE ☐X Delete TITLE Sci Change ☐ Addition FROHNAPFELLENNIFER NAME Osborne, Tonya M. 701 SHALLOW FORD ST STREET ADDRESS STREET ADDRESS 701 Shallow Ford Street WINSTON SALEM NC 27101 CITY-ST-ZIP CITY-ST-ZIP Winston Salem. NC 27101 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2(P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(William C. Erler, President)

FILED