

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 437277

1. Entity Name
HUNTER TEXTBOOKS, INC.



FILED
Apr 23, 2005 08:00 AM
Secretary of State

Principal Place of Business
**701 SHALLOW FORD ST
WINSTON SALEM, NC 27101 US**

Mailing Address
**150 SOUTH PALMETTO AVENUE
BOX A
DAYTONA BEACH, FL 32114 US**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1506899

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIS, MR. CHRISTY F
150 SOUTH PALMETTON AVENUE
BOX A
DAYTONA BEACH, FL 32114**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000326134
04/23/05-80045-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
ERLER, WILLIAM C
9400 EDDINGS RD
ODESSA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
OSBORNE, TONYA M
701 SHALLOW FORD ST
WINSTON SALEM, NC 27101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: William C. Erler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2005 813 320 4722
Date Daytime Phone #