


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 557462

1. Entity Name
HUNTERS COVE RECREATIONS, INC.



Principal Place of Business 2907 SPANIEL LANE SEFFNER, FL 33584	Mailing Address P.O. BOX 1147 SEFFNER, FL 33583
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, DONALD P
 902 SETTER CT
 SEFFNER, FL 33584**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVENPORT, TED 903 RETRIEVER AVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WELCH, HAROLD 2909 SPANIEL LN SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE ZALE, ALAN 906 SETTLER CT SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CLARK, MARY ANN 902 SETTER CT SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FAMEREE, JODY 906 RETRIEVER AVE SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/05/05-80007-021 150.00

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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: *[Signature]* **TREASURER** **6/30/05** **813-654-7819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #