## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 557462**

FILED Apr 24, 2006 Secretary of State

Entity Name: HUNTERS COVE RECREATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2907 SPANIEL LANE SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** P.O. BOX 1147 SEFFNER, FL 33583 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLARK, DONALD P 902 SETTER CT SEFFNER, FL 33584 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition DAVENPORT, TED Name: Name: ZALE, ALAN 903 RETRIEVER AVE 906 SETTER CT. Address: Address: SEFFNER, FL 33584 City-St-Zip: City-St-Zip: SEFFNER, FL 33584 Title: Title: () Delete () Change () Addition Name: WELCH, HAROLD Name: 2909 SPANIEL LN Address: Address: SEFFNER, FL 33584 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition PF ( ) Delete PF ZALE, ALAN HOFFOWER, ROBERT Name: Name: 906 SETTLER CT 2902 SPANIEL LN Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: () Delete Title: (X) Change ( ) Addition CLARK, MARY ANN BRITT, VICKI Name: Name: Address: 902 SETTER CT Address: 2808 POINTER PLACE City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584 Title: Title: () Delete () Change () Addition FAMEREE, JODY Name: Name: 906 RETRIEVER AVE Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JODY FAMEREE TREA 04/24/2006