

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 557462

FILED
Apr 27, 2007
Secretary of State

Entity Name: HUNTERS COVE RECREATIONS, INC.

Current Principal Place of Business:

2907 SPANIEL LANE
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1147
SEFFNER, FL 33583

New Mailing Address:

P.O. BOX 1147
SEFFNER, FL 33583 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ZALE, ALAN
906 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: ALAN ZALE

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZALE, ALAN
Address: 906 SETTER CT.
City-St-Zip: SEFFNER, FL 33584

Title: V () Delete
Name: WELCH, HAROLD
Address: 2909 SPANIEL LN
City-St-Zip: SEFFNER, FL 33584

Title: PE () Delete
Name: HOFFOWER, ROBERT
Address: 2902 SPANIEL LN
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: BRITT, VICKI
Address: 2808 POINTER PLACE
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: FAMEREE, JODY
Address: 906 RETRIEVER AVE
City-St-Zip: SEFFNER, FL 33584

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: S (X) Change () Addition
Name: ZALE, SANDY
Address: 906 SETTER CT.
City-St-Zip: SEFFNER, FL 33584

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: JODY FAMEREE

TREA

04/27/2007

Electronic Signature of Signing Officer or Director

Date