


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 015 ***150.00

DOCUMENT # 592920 1. Entity Name HUNT AND ASSOCIATES CONSTRUCTION, INC.					
Principal Place of Business 1550 W KING ST COCOA, FL 32926			Mailing Address P.O. BOX 3187 COCOA, FL 32924		
2. Principal Place of Business - No P.O. Box # 150 N WILSON AVE.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State COCOA FLORIDA		City & State		4. FEI Number 59-1865980	
Zip 32922		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNT, JAMES R. 1550 W KING ST COCOA, FL 32926			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 150 N WILSON AVENUE City COCOA FL Zip Code 32922		
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. HUNT, JAMES R 1550 W KING ST COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. HUNT, JAMES R 150 N WILSON AVE COCOA, FL 32922
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 2/28/08 Daytime Phone # 321 632-0284	