

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 637161</b> 1. Entity Name HUNTHILL FLORIDA CORP.	
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Principal Place of Business 400 N. PINE ISLAND RD #300 PLANTATION, FL 33324	Mailing Address 400 N. PINE ISLAND RD #300 PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2088736	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LUNDY, RICHARD  
400 N. PINE ISLAND RD #300  
PLANTATION, FL 33324

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOTURBASH, ROBERT 400 N. PINE ISLAND RD #300 PLANTATION, FL 33324
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000359907  
05/05/05-80012-003 150.00

**DO NOT WRITE  
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)(f), 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: Robert Koturbash  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 (954)  
Date Daytime Phone #  
452-0100

ROBERT KOTURBASH