**FILED**
**May 15, 2006 08:00 A**
**Secretary of State**

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 637161

1. Entity Name
HUNTHILL FLORIDA CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 400 N. PINE ISLAND RD #300<br>PLANTATION, FL 33324 | 400 N. PINE ISLAND RD #300<br>PLANTATION, FL 33324 |

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number: 59-2088736 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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**
**After May 1, 2006 Fee will be $580.00**

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

U00000564704
05/20/06-80089-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | KOTURBASH, ROBERT |
| STREET ADDRESS | 400 N. PINE ISLAND RD #300 |
| CITY-ST-ZIP | PLANTATION, FL 33324 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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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:** R. M. KOTURBASH APR. 28 06 416-237-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #