

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90227 050 ***150.00

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0112006 Chg-P CR2E034 (11/05)

DOCUMENT # 832519 1. Entity Name HUNT-WILDE CORPORATION					
Principal Place of Business 2835 OVERPASS RD. TAMPA, FL 33619			Mailing Address 2835 OVERPASS RD. TAMPA, FL 33619		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 31-0530877 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
FL Zip Code					
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		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.			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUNT, KENNETH W II 1201 ASHWELL CT VALRICO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNT, DOUGLAS A. 10103 PADDOCK OAKS DRIVE RIVERVIEW, FL 33569 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNT, DOUGLAS A. 5032 UMBER WAY N DRIVE TAMPA, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULL, MYRON L 3824 HIGHGATE DR VALRICO, FL <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULL, MYRON L 3824 HIGHGATE DR VALRICO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILDE, JEFFREY A 1204 LAKESHORE RANCH DR BRANDON, FL 33511 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILDE, JEFFREY A 1204 LAKESHORE RANCH DR BRANDON, FL 33511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULL, MYRON L 3824 HIGHGATE DR VALRICO, FL <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULL, MYRON L 3824 HIGHGATE DR VALRICO, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILDE, JEFFREY A 1204 LAKESHORE RANCH DR BRANDON, FL 33511 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILDE, JEFFREY A 1204 LAKESHORE RANCH DR BRANDON, FL 33511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HULL, MYRON L 3824 HIGHGATE DR VALRICO, FL <input type="checkbox"/> Delete	
SIGNATURE: <u>Myron L Hull</u> MYRON L. HULL 1-13-06 (813)623-2461 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					