

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007332

1. Entity Name
HUNT TECHNOLOGIES, INC.



Principal Place of Business
6436 COUNTY ROAD 11
PEQUOT LAKES, MN 56472

Mailing Address
6436 COUNTY ROAD 11
PEQUOT LAKES, MN 56472



04182008 No Chg-P CRZE034 (11/05)

4. FEI Number
41-1588846

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

TIMM, STEVEN
4013 WELLINGTON PKWY
PALM HARBOR, FL 34885-1175

**DO NOT WRITE
IN THIS SPACE**

9. 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 STEVEN TIMM **STEVEN TIMM**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

4-20-06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1111111111548210
05/12/06-80055-016 150.00

10. OFFICERS AND DIRECTORS

TITLE **CEO**
NAME **KRAEMER, BRUCE**
STREET ADDRESS **6436 COUNTY ROAD 11**
CITY-ST-ZIP **PEQUOT LAKES, MN 56472**

TITLE **COO**
NAME **HEADLEE, TODD**
STREET ADDRESS **6436 COUNTY ROAD 11**
CITY-ST-ZIP **PEQUOT LAKES, MN 56472**

TITLE **VP**
NAME **AGRE, JAMES**
STREET ADDRESS **6436 COUNTY ROAD 11**
CITY-ST-ZIP **PEQUOT LAKES, MN 56472**

TITLE **VP**
NAME **KODET, MARK**
STREET ADDRESS **6436 COUNTY ROAD 11**
CITY-ST-ZIP **PEQUOT LAKES, MN 56472**

TITLE **VP**
NAME **KLUCAS, JOE**
STREET ADDRESS **6436 COUNTY ROAD 11**
CITY-ST-ZIP **PEQUOT LAKES, MN 56472**

TITLE **VPT**
NAME **NELSON, DONALD**
STREET ADDRESS **PO BOX 507**
CITY-ST-ZIP **BRAINERD, MN 56401**

**DO NOT WRITE
IN THIS SPACE**

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 [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 **218-562-4877**
Date Daytime Phone #