

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90030 050 \*\*\*550.00

**DOCUMENT # F07000005784**

1. Entity Name

HUNTER COMPOSITE TECHNOLOGIES CORPORATION



Principal Place of Business

5 COLTON ROAD  
EAST LYME, CT 06333

Mailing Address

P.O. BOX 1030, HWY 441  
ALACHUA, FL 32615

40117000



08142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

06-1327001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

F & L CORP.  
ONE INDEPENDENT DR., SUITE 1300  
JACKSONVILLE, FL 32202

**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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC  
NAME FINNEY, WILLIAM G JR  
STREET ADDRESS 255 DIESEL RD  
CITY-ST-ZIP ST AUGUSTINE, FL 320844277

TITLE VPVC  
NAME DINGLER, BRIAN G  
STREET ADDRESS 255 DIESEL RD  
CITY-ST-ZIP ST AUGUSTINE, FL 320844277

TITLE STD  
NAME JETT, DANIEL N  
STREET ADDRESS HIGHWAY 441, PO BOX 1030  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL N. JETT, Secretary/Treasurer**