2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H21709

Name:

Address:

City-St-Zip:

HUNT, R. MARK

4331 HUNTING TRAIL

LAKE WORTH, FL 33467

Name: HUNT CONSULTING CORPORATION

FILED Apr 03, 2009 Secretary of State

Entity Nar	me: HUNT CC	DINSULTING CORPORATION				
Current Principal Place of Business:				New Principal Place of Business:		
1830 HYPOLUXO RD #B LAKE WORTH, FL 334624057 US				1830 HYPOLUXO RD #B LAKE WORTH, FL 334624069 US		
Current Mailing Address:				New Mailing Address:		
1830 HYPOLUXO RD #B LAKE WORTH, FL 334624057 US				1830 HYPOLUXO RD #B LAKE WORTH, FL 334624069 US		
FEI Number:	: 59-2456001	FEI Number Applied For ()	FEI Number Not Ap	plicable () Ce	ertificate of Status Desir	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HUNT,R. MARK 1830 HYPOLUXO RD SUITE B LANTANA, FL 33462 US				HUNT,R. MARK 1830 HYPOLUXO RD SUITE B LAKE WORTH, FL 33462 US		
The above in the State	named entity see of Florida.	submits this statement for the	purpose of changing	ı its registered office	e or registered agent	t, or both,
SIGNATURE:				04/03/2009		
	Electror	ic Signature of Registered Ag	ent		Date	
Election Car	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () HUNT, R. MARI 4331 HUNTING LAKE WORTH,	TRAIL	Title: Name: Address: City-St-Zip:	, ,	ange () Addition	
Title: Name: Address: City-St-Zip:	VST () HUNT, R. MARI 4331 HUNTING LAKE WORTH,	TRAIL	Title: Name: Address: City-St-Zip:	, ,	ange () Addition	
Title:	D ()	Delete	Title [.]	() Cha	ange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: R, MARK HUNT PRES 04/03/2009