

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # J50090**

1. Entity Name  
HUN-HO 129, INC.



Principal Place of Business  
4541 GUNN HWY  
TAMPA, FL 33624

Mailing Address  
4541 GUNN HWY  
TAMPA, FL 33624



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2748331

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LONG, MARK E.  
15421 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33523

**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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

000000843656  
03/12/08-80004-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	HEARN, JAMES R.
STREET ADDRESS	2829 COBBLESTONE DR
CITY-STATE-ZIP	PALM HARBOR, FL 34684
TITLE	PD
NAME	LONG, MARK E.
STREET ADDRESS	2122 ARROWGRASS DR, # 104
CITY-STATE-ZIP	WESLEY CHAPEL, FL 33543
TITLE	SD
NAME	EIHARDY, MICHAEL P
STREET ADDRESS	12404 PEPPER FIELD DRIVE
CITY-STATE-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-08 513 908 5440

Date

Daytime Phone #