## مد مون عميم

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J50092 1. Enlity Name HUN-HO 108, INC. Principal Place of Business 8414 NORTH ARMENIA AVENUE TAMPA, FL 33604 Mailing Address 8414 NORTH ARMENIA AVENUE TAMPA, FL 33604 DO NOT WRITE IN THIS SPACE

## FILED Feb 21, 2006 8:00 am Secretary of State

02-21-2006 90016 018 \*\*\*150.00

60020236



02142006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2748778

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the pons of registered agent.  | ourpose of changing its registere              | d office or registered agent, or b         | oth, in the State of Florida. I am familia                             | ir with, and accept |  |  |  |
|--|--|--|--|--|---------------------|--|--|--|
| CIONIATUDE   |  | • .  |  | * P + >  |                     |  |  |  |
| SIGNATURE_   | Signature, typed or printed name of registered agent and title   | if applicable. (NOTE: Registered               | Agent signature required when reinstating) | DATE (1)   | 1 , 1               |  |  |  |
| To J. State  | :  | 17.5 · 17.5 · 17.5                             | more an armonest contract at the con-      | ين أيني سندس أرسا المال المال الماليا                                  |                     |  |  |  |
| , 298 A pil  | E NOW!!! FEE IS \$150.00   | <ol><li>9. Election Campaign Finance</li></ol> | cing _ <b>\$5.00</b> May Be                |  |                     |  |  |  |
| After Ma   | y 1, 2006 Fee will be \$550.00   | Trust Fund Contribution.                       |  |  |                     |  |  |  |
| ·  | ,  |  | <u> </u>                                   |  |                     |  |  |  |
| . 10   | OFFICERS AND DIRE  | CTORS  |  |  |                     |  |  |  |
| TITLE  | PD   |  |  |  |                     |  |  |  |
| NAME   | LONG, MARK E.  | - 4404 16                                      | 198 NO #20                                 | o4   |                     |  |  |  |
| STREET ADDRESS   | 15224 BEI LAMY BROTHERS BLVD   | 7122 11110000                                  | 1102 DIC 11                                | 1  |                     |  |  |  |
|  | DAR CITY EL 22522  | 3~11EY 014                                     | AA=1 F 33                                  | 2543   |                     |  |  |  |
| CITY-\$T-ZIP   | LONG, MARK E.<br>15421 BELLAMY BROTHERS BLVD<br>DADE CITY, FL 33523  | veste / cn                                     | 111 - 5 1                                  | 1 /  |                     |  |  |  |
| TITLE  | DST  |  |  |  |                     |  |  |  |
| NAME   | HEARN, VIRGINIA L.   |  |  |  |                     |  |  |  |
| STREET ADDRESS   | 2829 COBBLESTONE DRIVE   |  |  |  |                     |  |  |  |
| CITY-ST-ZIP  | PALM HARBOR, FL 34684  |  |  |  |                     |  |  |  |
|  | 7.7.EM 18 (1001), 1 = 0.1001   |  |  |  |                     |  |  |  |
| TITLE  |  |  |  |  |                     |  |  |  |
| NAME 🚐 .   |  |  |  |  |                     |  |  |  |
| STREET ADDRESS   |  |  | DO NOT WRITE                               |  |                     |  |  |  |
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| NAME   |  |  | liv  | I HIS SPACE  |                     |  |  |  |
| STREET ADDRESS   |  |  |  |  |                     |  |  |  |
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| TITLE  |  |  |  |  |                     |  |  |  |
| NAME `   |  |  |  | •  |                     |  |  |  |
| STREET ADDRESS .   |  |  |  |  |                     |  |  |  |
| CITY-ST-ZIP  |  |  |  |  |                     |  |  |  |
| TITLE  |  | J 980  |  |  | •                   |  |  |  |
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| CITY-ST-ZIP  |  | Section Campetin To a                          | ្នា គ្នាស្វាប់ ខេត្ត មាន                   | 1  | i                   |  |  |  |
|  | **   |  |  |  |                     |  |  |  |
| 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 empowers 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 appears in Block 10 or Block 11 if |  |  |  |  |                     |  |  |  |