

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

02-21-2006 90016 017 ***150.00

DOCUMENT # J50094

1. Entity Name
HUN-HO 104, INC.



Principal Place of Business
5802 N. ARMENIA AVE., BLDG. 6
TAMPA, FL 33603

Mailing Address
5802 N. ARMENIA AVE., BLDG. 6
TAMPA, FL 33603



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2749733

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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HEARN, JAMES R.
STREET ADDRESS	136 LAKE SHORE DR. N.
CITY-ST-ZIP	PALM HARBOR, FL
TITLE	PD
NAME	LONG, MARK E.
STREET ADDRESS	15421 BELLAMY BROTHERS BLVD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

2122 ARROWGLASS DR. #204
WESLEY CHAPEL, FL 33547

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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: MARK E. LONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 813 8706113

Date

Daytime Phone #