

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004795

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** HUNTER & JOSHUA FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

400 HEALTH PARK BLVD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

P.O. BOX 592036  
ORLANDO, FL 32859 US

**FEI Number:** 20-5439431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

FLICK, JAMES J  
3203 SOUTH CONWAY ROAD  
SUITE 106  
ORLANDO, FL 32812 US

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.

**SIGNATURE:**

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DOYLE, JOHN J  
Address: 400 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: TURNAGE, W. SHERMAN  
Address: 400 HEALTH PARK BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JAMES J. FLICK

RA

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date