
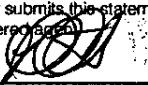



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91050 037 ***150.00

DOCUMENT # M71225 1. Entity Name HUNTER'S LAKE DEVELOPEMENT CORPORATION					
Principal Place of Business % MARK E. SWARTSEL 8410 U.S. HWY. 19, STE. 105 PORT RICHEY, FL 34668			Mailing Address % MARK E. SWARTSEL 8410 U.S. HWY. 19, STE. 105 PORT RICHEY, FL 34668		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 10138 U.S. HWY. 19		Suite, Apt. #, etc. 10138 U.S. HWY. 19			
City & State PORT RICHEY, FL		City & State PORT RICHEY, FL.			
Zip 34668		Country		Zip 34668	
Country		Country			
4. FEI Number 59-2892065			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SWARTSEL, MARK E. 8410 U.S. HWY. 19 SUITE 105 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10138 U.S. HWY. 19 City PORT RICHEY FL Zip Code 34668		
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:  MARK E. SWARTSEL 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWARTSEL, MARK E. 8410 U.S. HWY. 19, #105 PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10138 U.S. HWY 19 PORT RICHEY, FL. 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PETERSON, WILLIAM R., JR 5502 S. OSTEEN RD. NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4049-C GRAND BLVD. NEW PORT RICHEY, FL. 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, THOMAS A. 5502 S. OSTEEN RD. NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4049-C GRAND BLVD. NEW PORT RICHEY, FL. 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, WILLIAM R., SR 5502 S. OSTEEN RD. NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4049-C GRAND BLVD. NEW PORT RICHEY, FL. 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, JAMES H. 5502 S. OSTEEN RD. NEW PORT RICHEY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4049-C GRAND BLVD. NEW PORT RICHEY, FL. 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. SWARTSEL 4-20-04 727 848 1234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					