## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000013757

Name:

Address:

City-St-Zip:

OLINGER, LEE R

416 4TH STREET

HUNTINGBURG, IN 47542

tv Name: HUNTINGBURG MANAGEMENT CORPORATION

FILED Jan 19, 2008 Secretary of State

Entity Name: HUNTINGBURG MANAGEMENT CORPORATION						
Current Principal Place of Business:				New Principal Place of Business:		
PO BOX 308 FT. MYERS, FL 33902				5256 SUMMERLIN COMMONS WAY SUITE 203 FT. MYERS, FL 33907		
Current Mailing Address:				New Mailing Address:		
PO BOX 308 FT. MYERS, FL 33902				5256 SUMMERLIN COMMONS WAY SUITE 203 FT. MYERS, FL 33907		
FEI Number:	65-0991109	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
MCGEE, TODD D CPA 2040 VIRGINIA AVENUE FORT MYERS, FL 33902 US				MCGEE, D TODD 5256 SUMMERLIN COMMONS WAY SUITE 203 FORT MYERS, FL 33907 US		
The above in the State	named entity of Florida.	submits this statement for the	purpose of changi	ing its registered	office or registered agent, or both,	
SIGNATURE: D TODD MCGEE				01/19/2008		
	npaign Financi	onic Signature of Registered Ag			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VD ( HELMERICH, 5845 RIVERS FT MYERS, F	IDE LANE	Title: Name: Address City-St-2	:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	STD ( OLINGER, MA 416 4TH STR HUNTINGBUR	EET	Title: Name: Address City-St-Z	:	) Change ( ) Addition	
Title:	PD (	X) Delete	Title:	(	) Change ( ) Addition	

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: FRANK HELMERICH V 01/19/2008