

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90010 035 ***150.00

DOCUMENT # P00000051979

1. Entity Name
MAX HUNT & ASSOCIATES, INC.



Principal Place of Business
**12450 KIRBY SMITH RD
ORLANDO FL 32832**

Mailing Address
**12450 KIRBY SMITH RD
ORLANDO FL 32832**



2. Principal Place of Business - No P.O. Box #
6650 HOFFNER AVE.

3. Mailing Address
6650 HOFFNER AVE

Suite, Apt. #, etc.
SUITE D

Suite, Apt. #, etc.
SUITE D

City & State
ORLANDO FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32822

Country
U.S.A.

Zip
32822

Country
USA

1st MOORE CR2E034 (10/06)

4. FEI Number **59-3654662**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HUNT, HAROLD M
12450 KIRBY SMITH ROAD
ORLANDO FL 32832**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Harold M. Hunt* **HAROLD M. HUNT**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUNT, HAROLD M 12450 KIRBY SMITH ROAD ORLANDO FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUNT, HAROLD M 6650 HOFFNER AVE STE. D. ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUNT, JACQUELINE A 12450 KIRBY SMITH ROAD ORLANDO FL 32832 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HUNT, JACQUELINE A. 6650 HOFFNER AVE. STE. D. ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Harold M. Hunt* **HAROLD M. HUNT** **4/20/07** **407-719-2686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #