

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90165 035 ***150.00

DOCUMENT # P00000056833

1. Entity Name
FLOAT-HUNTER, INC.



Principal Place of Business
20 N. ORANGE AVE STE 600
ORLANDO, FL 32801

Mailing Address
20 N. ORANGE AVE STE 600
ORLANDO, FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01172006 Chg-P CR2E034 (11/05)

4. FEI Number
58-2558165

Applied For
Not Applicable

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

-6- Name and Address of Current Registered Agent-

7. Name and Address of New Registered Agent

HENDRY, STONER, DELANCETT & BROWN, P.A.
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801

Name
Hendry, Stoner, Calandrino & Brown, P.A.

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.

Hendry, Stoner, Calandrino & Brown, P.A.

SIGNATURE

By: *[Signature]*

2/6/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
FLOAT, ARDELE Y
22431 ANTONIO PKWY STE B160
RANCHO SANTA MARGARITA, CA 92688

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HUNTER, KENNETH H
22431 ANTONIO PKWY STE B160
RANCHO SANTA MARGARITA, CA 92688

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CITY-ST-ZIP
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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: *Ardely Float* ARDELEY FLOAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 (678)458-2544

Date Daytime Phone #