2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000062557

1. Entity Name
HUNTERS VENTURE CAPITALIST INC.

Principal Place of Business	Mailing Address
1883 NW 141ST AVENUE PEMBROKE PINES, FL 33025	1883 NW 141ST AVENUE PEMBROKE PINES, FL 33025

DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1017004
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRIMAS, DONALD
1883 NW 141ST AVENUE
PEMBROKE PINES, FL 33025

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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 Donald Trimas DONALD TRIMAS 3/11/04
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, 2004 Fee will be $550.00

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

U00000068864
03/16/04-80006-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRIMAS, SCOTT J
STREET ADDRESS	8313 SEVEN MILE DR.
CITY-ST ZIP	PONTE VEDRA, FL 32082
TITLE	D
NAME	BUSCH, JAMES C
STREET ADDRESS	1111 HAZELTINE LANE
CITY-ST ZIP	KENNESAW, GA 30152
TITLE	D
NAME	WHITESELL, JOHN BELL
STREET ADDRESS	2400 CRESTMOOR RD
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: x Scott Trimas 3/11/04 904-273-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #