

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90003 009 \*\*\*150.00

**DOCUMENT # P00000062557**

1. Entity Name  
HUNTERS VENTURE CAPITALIST INC.



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

Mailing Address  
1883 NW 141ST AVENUE  
PEMBROKE PINES, FL 33025

**40025292**



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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	701 WHITLOCK AVE., STE K-47
CITY-ST-ZIP	MARIETTA, GA 30064
TITLE	D
NAME	WHITESSELL, 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	

**DO NOT WRITE  
IN THIS SPACE**

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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07 (954) 437-9582  
Date Daytime Phone #