

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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



02182008 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 <input type="checkbox"/>	\$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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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, 2008 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	

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03/04/08-80066-010 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT TRIMAS
PRESIDENT

2/19/08 (904) 273-8028
Date Daytime Phone #