2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am **Secretary of State DOCUMENT # P00000085819** 05-01-2008 90198 044 ***150.00 HUNTER REAL ESTATE SERVICES OF JACKSONVILLE. Principal Place of Business Mailing Address 3911 E. COLONIAL DR C/O WHITLEY & CO ORLANDO, FL 32803 P.O. BOX 536973 ORLANDO, FL 32853-6973 3. Mailing Address 2. Principal Place of Business - No P.Q. Box 4 4809 E SONIA Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04302008 Cha-P Applied For City & Stem 4. FÉI Number 59-3746904 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Addre of Current Registered Agent Name avid **HUNTER, DAVID** Street Addre 8911-E: COLONIAL DR ORLANDO, FL 32803 City Lando 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 8. The above named the obligations of registered agent. SIGNATURE find title if applicable (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 . OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 25.40 Change PR TITLE ■ Addition 😾 Delete David Hunter 4809 E. Colonial De HUNTER, DAVID NAME 3911 P. COLONIAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 ORIANDO F/ 32803 Delete ☐ Addition DTLE Change BRANTLEY, DEAN L NAME 4809 E. Colowial De. STREET ADDRESS 3911-E-OOLONIAL STREET ADDRESS CITY-ST-ZP ORLANDO, FL 32803 ☐ Change ■ Addition TITLE Delete PITTS, ALAN NAME 3911 E. COLONIAL DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 his 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

INC.

10.

TITLE

NAME

TITLE"

NAME

TIRE

NAME

NAME

TITLE

NAME

ПΠЕ

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP MLE

CITY-ST-ZIP

CITY-ST-ZIP

CATY-ST-ZIP

David Honter

☐ Delete

☐ Change

☐ Addition