


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90034 040 \*\*\*150.00

|   |   |         |  |   |  |
|---|---|---------|--|---|--|
| <b>DOCUMENT # P000001.16254</b><br>1. Entity Name<br><b>HUNTER MANAGEMENT, INC.</b>   |   |         |  |    |  |
| Principal Place of Business<br><b>28 EDITH LANE<br/>PALM COAST, FL 32164</b>  |   |         | Mailing Address<br><b>28 EDITH LANE<br/>PALM COAST, FL 32164</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |         | City & State   |   |  |
| Zip   |   | Country |  | Zip   |  |
| Country   |   | Country |  | 4. FEI Number<br><b>52-2283968</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>SAUNDERS, JOHN RICHARD<br/>422 FLEMING STREET<br/>KEY WEST, FL 33040</b>  |   |         |  | 7. Name and Address of New Registered Agent<br>Name <b>JOHN RICHARD SAUNDERS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>28 EDITH LANE</b><br>City <b>PALM COAST</b> <b>FL</b> <b>32164</b> |  |
| 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.<br>SIGNATURE <b>JOHN RICHARD SAUNDERS JP</b> <i>[Signature]</i> <b>March 30, 2004</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |         |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DVS<br>SAUNDERS, JOHN R <input type="checkbox"/> Delete<br>28 EDITH LANE<br>PALM COAST, FL 32164          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>JAMES, SUSAN <input type="checkbox"/> Delete<br>28 EDITH LANE<br>PALM COAST, FL 32164               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>PALMER, JOANNA <input type="checkbox"/> Delete<br>876 GRAVENSTEIN HWY. SOUTH<br>SEBASTOPOL, CA 95472 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |         |  |   |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> <b>JOHN R. SAUNDERS</b> <b>March 30, 2004</b> <b>707 292 4903</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |         |  |   |  |

**54027311**



03312004 Chg-P CR2E034 (10/03)