## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 31, 2008 08:00 AM Secretary of State DOCUMENT # P01000007183 1. Entity Name FAYÉ HUNTER, INC. Principal Place of Business Mailing Address 4502 SCOTT ROAD 4502 SCOTT ROAD LUTZ, FL 33558 LUTZ. FL 33558 No Chg-P 01162008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3690822 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent DIMARCO, ROBERT F CPA DO NOT WRITE 3444 EAST LAKE RD, STE 412 PALM HARBOR, FL 34685 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature regulard when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **HUNTER, FAYE** NAME 4502 SCOTT ROAD STREET ADORESS CITY-ST-ZIP LUTZ, FL 33558 IIILE U000000008780 NAME 02/07/08±80062±019≨150÷00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP ΠLE NAME

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 recute that I are a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmept with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

INGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

01-16-09 813-962-1411

**FILED**