


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000043258	
1. Entity Name HUNTER'S EMBROIDERY SHOP, INC.	

Principal Place of Business 5511 N.E. 20TH AVENUE OCALA, FL 34479	Mailing Address 5511 N.E. 20TH AVENUE OCALA, FL 34479
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DO NOT WRITE IN THIS SPACE



03242004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3715136	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUNTER, RHONDA G 5511 N.E. 20TH AVENUE OCALA, FL 34479	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000097231 03/26/04-80032-004 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WAYNE, HUNTER 5511 NE 20 AVENUE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RHONDA, HUNTER 5511 NE 20 AVENUE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CYNTHIA, HUNTER 5511 NE 20 AVENUE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Rhonda G Hunter</i> RHONDA G HUNTER	3/24/04 352-629-0867
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>