


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000043258</b> 1. Entity Name HUNTER'S EMBROIDERY SHOP, INC.	
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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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<b>DO NOT WRITE IN THIS SPACE</b>
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04262005 No Chg-P CR2E034 (10/03)

4. FEI 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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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
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05/04/05-80033-002 158.75

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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)(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.

SIGNATURE: Rhonda G Hunter **RHONDA G HUNTER** 4/29/05 352-629-0867  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #