2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2004 8:00 am Secretary of State DOCUMENT # P01000071224 Entity Name 04-13-2004 90029 037 ***150.00 HUNT CLUB MARKET, INC. Principal Place of Business Mailing Address 241 N. HUNT CLUB BLVD. 241 N. HUNT CLUB BLVD. UZUVAVV LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3733005 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEYMAYESH, HOUSHANG 241 N. HUNT CLUB BLVD. Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PEYMAYESH, HOUSHANG NAME NAME STREET ADDRESS 241 N. HUNT CLUB BLVD. STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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SIGNATURE: M- De y Moyes & OWNER 04-03-04 (LO7)7867678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #

12. I hereby certify that the information supplied with this filling 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.