## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 30, 2004 8:00 am Secretary of State

| DOCUI  1. Entity Nam HUNTON                  | 1  |  |                |                                       | 04-30-20   | 04 903                              | 87 048 ***1            | .50.00      |  |                   |          |
|--|--|--|----------------|---------------------------------------|--|-------------------------------------|------------------------|-------------|--|-------------------|----------|
| Principal Place                              | e of Business  | Mailing Address                              |                |                                       |  | <b>等种以来或种种物</b>                     |                        |             |  |                   |          |
| 6955 RIVEREDGE DRIVE<br>TITUSVILLE, FL 32780 |  | 6955 RIVEREDGE DRIVE<br>TITUSVILLE, FL 32780 |                |                                       |  |                                     | e.                     |             |  |                   |          |
|  |  |  |                |                                       |  |                                     | OTIĖ II PII OTIKI TERI |             |  |                   |          |
| 2. Principal Place of Business               |  | 3. Mailing Address                           |                |                                       |  |                                     |                        |             |  |                   |          |
| Suite, Apt. #, etc.                          |  | Suite, Apt. #, etc.                          |                |                                       |  | 04222004 Chg-P CR2E034 (10/03)      |                        |             |  |                   |          |
| City & State                                 |  | City & State                                 |                | -                                     | h  |                                     |                        | <del></del> | olied For<br>Applicable                |                   |          |
| Zip Country                                  |  | Zip  | Zip Country    |                                       | -  | Certificate of Status Desired       |                        | 0           | SS 75 Additional                       |                   |          |
|  | - 6. Name and Address of Current                           | l<br>Registered Agent                        | :              |                                       | ~  | 7 Name and                          | Address of New R       | egistered   |  |                   | <u> </u> |
| LUNTON                                       | 110144 55 11   |  |                | Name                                  |  |                                     |                        | •           |  |                   | ]        |
| 6955 RIVE                                    | HOWARD H<br>REDGE DRIVE                                    |  | Street Address |                                       |  | (P.O. Box Number is Not Acceptable) |                        |             |  |                   |          |
| TITUSVILL                                    | .E, FL 32780   |  |                |                                       |  |                                     |                        |             |  |                   |          |
|  |  |  |                | City                                  |  |                                     | <u>'</u>               | FI          | Zip Code                               |                   |          |
|  | named entity submits this statement fo                     | r the purpose of changing its                | registere      | l<br>ed office ar re                  | egistered  | l agent, or bot                     | h, in the State of Flo |             | 1                                      | ind accept        |          |
| the obligat                                  | ions of registered agent.                                  |  |                |                                       |  |                                     |                        |             |  |                   |          |
| SIGNATURĖ.                                   | Signature, typed or printed name of registered agent       |  |                | d H. H                                |  |                                     |                        | DATE        | <del>-</del>                           | -                 |          |
| After Ma                                     | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.0 | 9. Election Campa<br>Trust Fund Cont         | ~              | noing                                 | <b>\$5.0</b><br>Added  | O May Be<br>to Fees                 |                        |             | ************************************** |                   |          |
| 10.  | OFFICERS AND   | DIRECTORS                                    | 11.            | · · · · · · · · · · · · · · · · · · · |  | ADDITIONS/                          | CHANGES TO OFF         | ICERS AN    | D DIRECTORS                            | IN 11             | 1        |
| TITLE<br>NAME                                | D<br>HUNTON, HOWARD H                                      | . S Delete                                   | TITLE<br>MAM   | F .                                   | PTD  |                                     |                        |             | Change                                 | Addition          | ١.       |
| STREET ADDRESS<br>CHY-ST-ZIP                 | 6955 RIVEREDGE DRIVE<br>TITUSVILLE, FL 32780               | RIVEREDGE DRIVE                              |                | ET ADORESS                            | Hunton, Howard H.<br>6955 Riveredge Drive, Titusville, Fl. 3 |                                     |                        |             |  |                   | 2780     |
| TITLE  | D<br>CHRISTMAS, SUSAN                                      | ☐ Delete                                     | TITLE          |                                       | VSD  | _                                   |                        |             | ☐ Change                               | Addition Addition |          |
| NAME<br>STREET ADDRESS                       | 6955 RIVEREDGE DR  | •  | NAM<br>STRE    | CT ADDRESS                            |  | stmas,                              |                        | m t i       | .11                                    |                   | 1070     |
| CITY - ST - ZIP                              | TITUSVILLE, FL 32780                                       | •  | CITY           | -ST-ZIP                               | 6955   | Rivere                              | dge Drive              | , T1t       | usville,                               | F1. 3             | 12/81    |
| TITLE<br>NAME                                |  | ☐ Delete                                     | TITLE          | •                                     |  |                                     |                        |             | Change                                 | ☐ Addition        |          |
| STREET ADDRESS                               |  |  | STRE           | ET ADDRESS                            |  |                                     |                        |             |  | 1                 |          |
| CITY-ST-ZIP                                  |  |  |                | - ST - ZIP                            |  |                                     |                        |             | ☐ Change                               | Addition          | 1        |
| TITLE<br>NAME                                |  | ☐ Delete                                     | TITLE          | ı                                     |  |                                     |                        |             | Change                                 | Auguni            |          |
| STREET ADDRESS<br>CITY - ST-ZIP              |  |  |                | ET ADORESS<br>- ST-ZIP                |  |                                     |                        |             |  |                   |          |
| TITLE  |  | ☐ Delete                                     | TITLE          |                                       |  |                                     |                        |             | ☐ Change                               | ☐ Addition        | 1        |
| NAME   |  | _ public                                     | NAM            | ε                                     |  |                                     |                        |             |  |                   |          |
| STREET ADDRESS<br>CITY - ST-ZIP              | _  |  |                | ET ADDRESS<br>-ST-ZIP                 |  |                                     |                        |             |  |                   |          |
| TITLE  |  | ☐ Delete                                     | TITLE          | <del></del>                           |  |                                     |                        |             | ☐ Change                               | Addition          | 1        |
| NAME<br>Street address                       |  |  | . NAM          | E ADDRESS                             | ٠.٠  |                                     |                        |             |  | ļ                 | 1        |
| CITY-ST-ZIP                                  |  |  |                | -ST-ZIP                               |  |                                     |                        |             | •                                      | - 1               |          |
| 12. I hereby                                 | certify that the information supplied with                 | this liting goes not qualify for             | the exe        | motion stated                         | d in Secti   | ion 119.07(3)(                      | i) Florida Statules    | Lfurther c  | ertify that the inf                    | ormation          | 1        |

of the corporation or the receiver or trustee of powered to execute this report as required by Chapter 607, Florida Statutes: In the certify that it is inclicated 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 of powered 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 principles empowered. Howard H. Huton

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(321) 269-3248

Daytime Phone #