


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90094 027 ***150.00

DOCUMENT # P01000118580 1. Entity Name HUNT CLUB SHOPPING CENTER, INCORPORATED	
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Principal Place of Business 7413 PARK SPRINGS CIRCLE ORLANDO, FL 32835	Mailing Address 7413 PARK SPRINGS CIRCLE ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE

04192004	No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3761084	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MOON, BONG
7413 PARK SPRINGS CIRCLE
ORLANDO, FL 32835

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOON, BONG 7413 PARK SPRINGS CIRCLE ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOON, SHIN 7413 PARK SPRINGS CIRCLE ORLANDO, FL 32835
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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: K. Bong Moon BONG G. MOON x 4/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #