


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000041370</b> 1. Entity Name HUNTER LANDSCAPING & IRRIGATION, INC.	
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01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-3040309	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HUNTER, JOCELYN K  
8382 CINNAMON COURT  
JACKSONVILLE, FL 32244

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

U000000104543  
04/06/04-80016-014 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUNTER, RONALD D 8382 CINNAMON COURT JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HUNTER, JOCELYN 8382 CINNAMON COURT JACKSONVILLE, FL 32244
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IN THIS SPACE**

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:** Jocelyn K. Hunter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/04 (904) 778-9700  
Date Daytime Phone #