


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 023 ***158.75

DOCUMENT # P02000041370 1. Entity Name HUNTER LANDSCAPING & IRRIGATION, INC.					
Principal Place of Business 8382 CINNAMON COURT JACKSONVILLE, FL 32244			Mailing Address 8382 CINNAMON COURT JACKSONVILLE, FL 32244		
2. Principal Place of Business 4206 CB 218 Suite, Apt. #, etc.		3. Mailing Address 5939 Villanueva Dr. Suite, Apt. #, etc.			
City & State Middleburg, FL Zip 32068 Country USA		City & State Keystone Heights, FL Zip 32656 Country USA		01122006 Chg-P CR2E034 (11/05)	
4. FEI Number 74-3040309				Applied For <input type="checkbox"/> 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, JOCELYN K. 8382 CINNAMON COURT JACKSONVILLE, FL 32244			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5939 Villanueva Dr. City Keystone Heights, FL Zip Code 32656		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, RONALD D 8382 CINNAMON COURT JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HUNTER, JOCELYN 8382 CINNAMON COURT JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/13/06 (904) 608-4559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					