


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90067 035 ***150.00

| | |
|--|---|
| DOCUMENT # P02000054748 |  |
| 1. Entity Name HUNNEWELL, INC. | |

| | |
|---|---|
| Principal Place of Business 3461 N. HWY 27/441 FRUITLAND PARK, FL 34731 | Mailing Address 3461 N. HWY 27/441 FRUITLAND PARK, FL 34731 |
|---|---|

40128566



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

07172007 Chg-P CR2E034 (12/06)

| | | |
|--|--|--|
| 4. FEI Number 03-0444523 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent NORVELL, MICHAEL D SR 3461 HWY 27/441 FRUITLAND PARK, FL 34731 | | 7. Name and Address of New Registered Agent Name Rosetta LaBarbera Street Address (P.O. Box Number is Not Acceptable) 3461 Hwy 27/441 City Fruitland Park FL Zip Code 34731 |

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 *Rosetta LaBarbera* DATE **8-4-07**

(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|--|------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PSTD NORVELL, MICHAEL D SR 34025 LEE AVE LEESBURG, FL 34788 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | Rosetta LaBarbera 3461 Hwy 27/441 Fruitland Park 34731 FL | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | V NORVELL, MICHAEL D JR 3461 NORTH HWY 27/441 FRUITLAND PARK, FL 34731 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | Vice Pres. Frank W LaBarbera JR 3461 Hwy 27/441 Fruitland Park 34731 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | V NORVELL, TERESA R 34025 LEE AVE LEESBURG, FL 34788 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | Rosetta LaBarbera 3461 Hwy 27/441 Fruitland Park FL 34731 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Rosetta LaBarbera* DATE **8-4-07** 352 728 8535

(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

40128566

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Document Number P02000054748

Business Entity Name HUNNEWELL, INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances which the entity did not receive prior notice. Please check this box if filing after May notice was not received.

FEI Number 030444523

FEI Number Status Listed Above Applied For Not Applicable

Certificate of Status Desired Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address 3461 N. HWY 27/441

Suite, Apt. #, etc.

City, State FRUITLAND PARK, FL

Zip Code & Country 34731

Mailing Address

Address 3461 N. HWY 27/441

Suite, Apt. #, etc.

City, State FRUITLAND PARK, FL

Zip Code & Country 34731

Name And Address of Registered Agent

Name (Last, First, Middle, Title) NORVELL, MICHAEL, D, SR

- OR -

Business to serve as RA

ATTACHMENT

40128566

Address 3461 HWY 27/441 # P02000054748
Suite, Apt. #, etc.
City, State FRUITLAND PARK, FL
Zip Code & Country 34731 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1**

Title PSTD
Name (Last, First, Middle, Title) NORVELL, MICHAEL, D, SR
- OR -

Entity Name to serve as Officer/Director

Street Address 34025 LEE AVE
City, State LEESBURG, FL
Zip Code & Country 34788 US

Name And Address #2

Title V
Name (Last, First, Middle, Title) NORVELL, MICHAEL, D, JR
- OR -

Entity Name to serve as Officer/Director

Street Address 3461 NORTH HWY 27/441
City, State FRUITLAND PARK, FL
Zip Code & Country 34731 US

Name And Address #3

Title V

ATTACHMENT
40128566

#P02000054748

Name (Last, First, Middle, Title)

NORVELL

, TERESA

, R

- OR -

Entity Name to serve as Officer/Director

Street Address

34025 LEE AVE

City, State

LEESBURG

, FL

Zip Code & Country

34788

Name And Address #4

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #5

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address