2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 27, 2006 08:00 AN DOCUMENT # P02000\dd{56379 **Secretary of State** 1. Entity Name LEE HUNTER BUILDERS INC Principal Place of Business Mailing Address 5655 FREDERICKSBURG AVENUE 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3112904 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUNTER, LEE DO NOT WRITE 5655 FREDERICKSBURG AVENUE JACKSONVILLE, FL 32208 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) 11000000402611 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 02/03/06-80015-004 150.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE HUNTER, LEE NAME STREET ADDRESS 5055 FREDERICKSBURG AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32208 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

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