2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 04, 2004 8:00 am **Secretary of State** DOCUMENT # P02000079662 1. Entity Name 02-04-2004 90052 038 ***158.75 PAUL HUNTON INC. Principal Place of Business Mailing Address 2031 FORBES ROAD 2031 FORBES ROAD ST.AUGUSTINE FL 32092 ST.AUGUSTINE FL 32092 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 05-0523256 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNTOW PAUL HUNTON, PAUL H Street Address (P.O. Box Number is Not Acceptable) 27A ATLANTIC OAKS CIRCLE ST.AUGUSTINE FL 32080 Zip Code 32092 ST. AUGUSTINE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD TITLE PTSD Delete TITLE ☐ Addition HUNTON, PAUL H 2031 FORBES ROAD HUNTON, PAUL H NAME NAME 27A ATLANTIC OAKS CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE FL 32080 CITY-ST-7IP ST. AUGUSTINE FL 32092 Delete Change TITLE TITLE ☐ Addition HUNTON, MAURREN C HUNTON, MARUEEN C NAME NAME 2031 FORBES ROAD STREET ADDRESS 27A ATLANTIC OAKS CIR. STREET ADDRESS SAINT-AUGUSTINE-FL-32080 CITY-ST-ZIP-CITY-ST-ZIP ST. AUGUSTINE FL 32092 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED