

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000102955
 1. Entity Name
 HUNT & GAULT, INC.



FILED

05 FEB 21 PM 12:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1404 -A CAPE CORAL PARKWAY EAST, CAPE CORAL, FL 33904
 Mailing Address: 1404-A CAPE CORAL PARKWAY EAST, CAPE CORAL, FL 33904



01212005 No Chg-P CR2E034 (10/03) *MRD*

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3713925
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GAULT, MARK 1534 CUMBERLAND COURT FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HUNT, ADAM 1527 WOODWIND CT. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900047932399
 03/08/05--01029--016 **150.00

DO NOT WRITE 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)(l), 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: *X Mark Gault* MARK GAULT 2/15/05 239-8260540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #