

ANNUAL REPORT (AR)

DOCUMENT # P02000105307

1. Entity Name

HUNTER'S TRIM INC.



FILED
Apr 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

2658 AMELIA RD
FERNANDINA BEACH FL 32034

Mailing Address

2658 AMELIA RD
FERNANDINA BEACH FL 32034



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number 01-0744857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, BONNIE J
2658 AMELIA RD
FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Bruce H McMullen
Signature, typed or printed name of registered agent and title if applicable

Bonnie J. McMullen
(NOTE: Registered Agent signature required when reinstating)

4-12-07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MCMULLEN, BRUCE H
STREET ADDRESS 2658 AMELIA RD
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SEC ☐ Delete
NAME MCMULLEN, BONNIE
STREET ADDRESS 2658 AMELIA RD
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bruce H McMullen 4-12-07 904-491-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #