## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 13, 2006 8:00 am **DOCUMENT # P03000028567 Secretary of State** 02-13-2006 90013 004 \*\*\*150.00 HUNTER COMMERCIAL REAL ESTATE CORP. Principal Place of Business C/o whittey + Company .... P.O. BOX 536973 3911 & Colonial Drue ORLANDO, FL 32803 60014823 orlando, 7232853-6923 No Chg-P CR2E034 (11/05) 01042006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0511846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HUNTER, DAVID 835 SUMMER WINDS CT. ORLANDO, FL 32806 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HUNTER, DAVID M NAME 39/1 E. Colonial Drive STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME DICKERSON, TIM :39/1 E. Colonial Drive STREET ADDRESS ORLANDO, FL 3280/3 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-7P

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 proof 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

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

81-06-06

321-229-428

Daytime Phone

FILED