

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 007 ***150.00

DOCUMENT # P03000028567

1. Entity Name
HUNTER COMMERCIAL REAL ESTATE CORP.



Principal Place of Business
**3911 E. COLONIAL DRIVE
ORLANDO, FL 32803**

Mailing Address
**C/O WHITLEY & COMPANY
P.O. BOX 536973
ORLANDO, FL 32853-6973**

4000000000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
03-0511846

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HUNTER, DAVID
835 SUMMER WINDS CT. ✓
ORLANDO, FL 32806**

Name **DAVID HUNTER**
Street Address (P.O. Box Number is Not Acceptable)
3911 E. Colonial Dr.

City **Orlando** FL Zip Code **32803**

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 **David Hunter**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HUNTER, DAVID M
3911 E. COLONIAL DRIVE
ORLANDO, FL 32803** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
DICKERSON, TIM
3911 E. COLONIAL DRIVE
ORLANDO, FL 32803** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V.P.
SHAUNA GINN
3911 E Colonial Drive
Orlando, FL 32803** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hunter

4/26/07

Date

321-229-4240

Daytime Phone #