

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000043418

1. Entity Name
HUNTER CREEK FARM, INC.



Principal Place of Business
6300 MELALEUCA ROAD
SOUTHWEST RANCHES, FL 33330

Mailing Address
TWO S. UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0854013

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LYNN, BRIAN
TWO S. UNIVERSITY DRIVE
SUITE 215
PLANTATION, FL 33324

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME BECKMAN, MAILIN
STREET ADDRESS 6300 MELALEUCA ROAD
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330

TITLE V
NAME BECKMAN, ROBERT
STREET ADDRESS 6300 MELALEUCA ROAD
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

000000386822
01/19/06-80013-018 150.00

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IN THIS SPACE**

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

Date

Daytime Phone #

MAILIN BECKMAN

1/9/06 9546808628