

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 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



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0854013

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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

1/24/07

**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

U00000604751  
01/30/07-80006-022 150.00

**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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 #

1/24/07

954 680 8628