

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90297 031 ***150.00

DOCUMENT # P030000686971. Entity Name
MARK D. HUNT ENTERPRISES, INC.Principal Place of Business
**13628 QUEENS HARBOR BOULEVARD
JACKSONVILLE, FL 32225**Mailing Address
**13628 QUEENS HARBOR BOULEVARD
JACKSONVILLE, FL 32225**

40068313



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

81-0620252

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****HUNT, MARK D
13628 QUEENS HARBOR BOULEVARD
JACKSONVILLE, FL 32225**

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

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

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**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 **HUNT, MARK D**
STREET ADDRESS **13628 QUEENS HARBOR BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **HUNT, MARK D**
STREET ADDRESS **13628 QUEENS HARBOR BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SEC** ☐ Delete
NAME **HUNT, MARK D**
STREET ADDRESS **13628 QUEENS HARBOR BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TR** ☐ Delete
NAME **HUNT, KIMBERLY M**
STREET ADDRESS **13628 QUEENS HARBOR BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Mark D. Hunt

Date

Daytime Phone #

4/25/05 904-221-6088