

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90127 026 \*\*\*150.00

**DOCUMENT # P03000069813**

1. Entity Name  
**JASON D. MCCUNE, INC.**



Principal Place of Business	Corrections	Mailing Address
<b>6158 PIEDMONT DRIVE</b> <b>SPRINGHILL, FL 34606</b> <b>1838 Tall Pines Dr.</b> <b>Largo, FL 33771</b>		<b>6158 PIEDMONT DRIVE</b> <b>SPRINGHILL, FL 34606</b> <b>1838 Tall Pines Dr.</b> <b>Largo, FL 33771</b>

**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0473296</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

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

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MCCUNE, JASON D
STREET ADDRESS	<del>6158 PIEDMONT DRIVE</del> Correction 1838 Tall Pines Dr.
CITY-ST-ZIP	<del>SPRINGHILL, FL 34606</del> Largo, FL 33771

TITLE	V
NAME	POOLE, JOSH GARNER
STREET ADDRESS	6158 PIEDMONT DRIVE
CITY-ST-ZIP	SPRINGHILL, FL 34606

TITLE	Secretary
NAME	Richard W. Hunnewell, Jr.
STREET ADDRESS	1838 Tall Pines Dr.
CITY-ST-ZIP	Largo, FL 33771

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 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

Date **4-19-05** Daytime Phone #