


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

03-01-2004 90052 026 ***150.00

DOCUMENT # P03000084152	
1. Entity Name HUND FOOTERS INC	

Principal Place of Business 1056 N LEAVITT AVE ORANGE CITY, FL 32763	Mailing Address 1056 N LEAVITT AVE ORANGE CITY, FL 32763
--	--

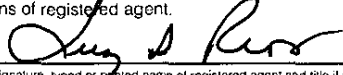
66413014



2. Principal Place of Business 915 Diplomat Dr. Suite, Apt. #, etc. Suite 107 F Orange City, FL. Zip 32763 Country Volusia	3. Mailing Address P.O. Box 740864 Suite, Apt. #, etc. Orange City, FL. Zip 32774-0864 Country Volusia
--	--

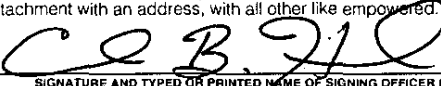
04102004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent HUND, LEILANI 1056 N LEAVITT AVE ORANGE CITY, FL 32763	
--	--

7. Name and Address of New Registered Agent Name Luz I. Rios Street Address (P.O. Box Number is Not Acceptable) 2055 Galahad Dr. City Deltona FL 32738	
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:  DATE: 4/10/04 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PV HUND, CHARLES 1056 NORTH LEAVITT AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hund, Charles B. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1002 N. Leavitt Ave. Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUND, LEILANI 1056 NORTH LEAVITT AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hund, Leilani <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1002 N. Leavitt Ave. Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARVU, JOHN 720 CHICAGO AVENUE SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rios, Luz I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2055 Galahad Dr. Deltona, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Charles B. Hund DATE: 4/10/04 DAYTIME PHONE #: 386-668-6064	

Attachment

1250

Florida Dept. of State
Date 02/19/2004 Type Bill Reference Annual Report

Original Amt.
150.00

Balance Due
150.00

2/19/2004
Discount
Check Amount

Payment
150.00
150.00

PAYMENT
RECORDED

66413614

20300084152

Hund Footers Inc. (Checki 20-0133594

150.00

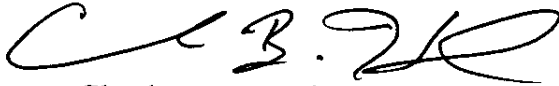
Attachment

TO WHOM IT MAY CONCERN,

600413014
PO 3000084152

We filed our 2004 Annual Report in February. I checked the internet and saw that no changes had been made. So yesterday I talked with one of your employees and we figured it out. The person who filled the form out for the corporation did not do it correctly. For the Registered agent he did not put a Florida Street Address down. So you sent the form back to us. But we never got it because he also did not put down the right mailing address. Your employee told me to make out a new form and send it in along with proof that you cashed our check for \$150. And that you would process our form. So enclosed is the new form (this time accurate), and also bank statements from SouthTrust Bank, showing that you cashed our check. Sorry for the confusion, and I really appreciate your help in this regard.


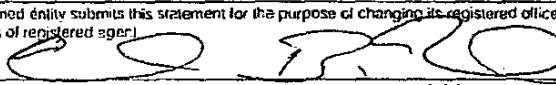

Hund Footers, Inc.



Charles B. Hund

President

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000084152			
1. Entity Name HUND FOOTERS INC			
Principal Place of Business 1056 N LEAVITT AVE ORANGE CITY, FL 32763		Mailing Address 1056 N LEAVITT AVE ORANGE CITY, FL 32763	
2. Principal Place of Business 915 DIPLOMAT DRIVE Suite, Apt. #, etc. SUITE 107F City & State ORANGE CITY, FLORIDA Zip 32774 Country USA		3. Mailing Address P.O. BOX 740864 Suite, Apt. #, etc. City & State ORANGE CITY, FLORIDA Zip 32774-0864 Country USA	
02192004 Chg-P CR2E034 (10/03)		4. FEI Number 20-0133594	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUND, LEILANI 1056 N LEAVITT AVE ORANGE CITY, FL 32763		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 740864 City ORANGE CITY FL Zip Code 32774	
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 		DATE 2/19/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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-STATE-ZIP	PV HUND, CHARLES 1056 NORTH LEAVITT AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HUND, CHARLES P.O. BOX 740864 ORANGE CITY, FLORIDA 32774-0864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST HUND, LEILANI 1056 NORTH LEAVITT AVENUE ORANGE CITY, FL 32763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HUND, LEILANI P.O. BOX 740864 ORANGE CITY, FLORIDA 32774-0864 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PARVU, JOHN 720 CHICAGO AVENUE SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST RIOS, LUZ 2055 GALAHAD DRIVE DELTONA, FLORIDA 32738 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 2/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

SMALL BUSINESS CHECKING*Attachment*ACCOUNT NO.
64-398-933*606413014*
*#R03000084152*STATEMENT DATE
Mar. 31, 2004SOUTHTRUST BANK
P.O. BOX 6010
DELAND, FLORIDA 32721
Phone: 800-225-5782HUND FOOTERS, INC.
P. O. BOX 740864
ORANGE CITY FL 32774-0864CY
97
27

Page 1 of 8

WE'VE MADE WWW.SOUTHTRUST.COM EVEN BETTER! FIND WHAT YOU NEED FASTER WITH OUR NEW SEARCH TOOL. AND VISIT OUR ENHANCED CUSTOMER SERVICE AREA, TOO.

To Report a Lost or Stolen Check Card call 1-800-239-2494

**Summary**

Number of Days in Period: 31

Previous Balance as of 2/29/04	5,487.52	Your lowest balance was \$1,617.79
Total Deposits and Credits: 5	+ 19,406.68	and it occurred on 3/26/04.
Total Checks and Debits: 52	- 19,106.60	
Statement Balance as of 3/31/04	= \$5,787.60	

**Deposits and Other Credits****DEPOSITS**

DATE	DESCRIPTION	AMOUNT	DATE	DESCRIPTION	AMOUNT
3/2	DEPOSIT	6,046.73	3/25	DEPOSIT	2,738.00
3/8	DEPOSIT	1,216.20	3/29	DEPOSIT	4,896.95
3/15	DEPOSIT	4,508.80			

5 Deposits: \$19,406.68

**Checks and Other Withdrawals****CHECKS PAID**

Indicates a break in the check number sequence before this check

CHECK NO.	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT	CHECK NO.	DATE PAID	AMOUNT
1149	3/5	2,837.93	1261	3/4	100.00	1268	3/15	55.50
1234	3/3	277.25	1262	3/5	704.24	1269	3/10	450.00
1250	3/4	150.00	1263	3/4	720.00	1270	3/16	21.10
1251	3/10	75.00	1264	3/4	100.00	1271	3/12	1,884.67
1258	3/2	393.75	1265	3/3	65.00	1272	3/16	393.75
1259	3/2	200.00	1266	3/8	200.00	1273	3/16	200.00
1260	3/3	85.94	1267	3/8	393.75	1274	3/18	24.00



You're not just another customer. We're not just another bank.

Attachment

SMALL BUSINESS CHECKING

SouthTrust Bank 

ACCOUNT NO.
64-398-933

STATEMENT DATE
Mar. 31, 2004

Page 4 of 8

66413014

103000084152

Check# 1250 \$150.00 Paid 03/04/04

Due to circumstances beyond our control,
this check was not available for inclusion
in your statement.

Back of check not available