

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90097 047 ***150.00

DOCUMENT # P03000084152

1. Entity Name
HUND FOOTERS INC



Principal Place of Business
**915 DIPLOMAT DR.
STE. 107F
ORANGE CITY, FL 32763**

Mailing Address
**P.O. BOX 740864
ORANGE CITY, FL 32774-0864**

90056604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0133594

Applied For
Not Applicable

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

**RIOS, LUZ I
2022 GALAHAD DR.
DELTONA, FL 32738**

Name **Rios, Luz I.**
Street Address (P.O. Box Number is Not Acceptable)
2055 Galahad DR.
City **DELtona** FL Zip Code **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 *Luz I. Rios*

4/11/05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **HUND, CHARLES B**
STREET ADDRESS **1002 N LEAVITT AVE.**
CITY-STATE-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **V** ☐ Delete
NAME **HUND, LEILANI**
STREET ADDRESS **1002 N LEAVITT AVE**
CITY-STATE-ZIP **ORANGE CITY, FL 32763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **ST** ☐ Delete
NAME **RIOS, LUZ I**
STREET ADDRESS **2055 GALAHAD DR.**
CITY-STATE-ZIP **DELTONA, FL 32738**

TITLE ☒ Change ☐ Addition
NAME **ST RIOS, LUZ I**
STREET ADDRESS **2055 GALAHAD DR.**
CITY-STATE-ZIP **DELTONA, FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Luz I. Rios*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

386-848-8180

Daytime Phone #