2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2007 08:00 A Secretary of State DOCUMENT # P03000126275 1. Entity Name JAMÉS W. HUNT, INC. Principal Place of Business Mailing Address 4820 INISBROOK CT S 20 CRESCENT COURT N PALM COAST, FL 32137 ELKTON, FL 32033 No Chg-P CR2E034 (11/05) 03262007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>20-0461</u>718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGHAUSER, MARY M CPA DO NOT WRITE 35 BARKWOOD LANE PALM COAST, FL 32137 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HUNT, JAMES W U000000704158 La Tennique STREET ADDRESS 20 CRESCENT COURT N 04/20/07 - 80169 - 004/450. CITY-ST-ZIP PALM COAST, FL 32137 TITLE NAME STREET ADDRESS CITY - ST- 7IP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED