## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2008 8:00 am Secretary of State

Principal Place of Business   Neiling Address   20 CRESCENT CORT N   PALMOOST, FL 32137   20 CRESCENT CORT N   PAL	1. Entity Nam	MENT # P03000126 v. hunt, inc.	6275 💥 🌽					04-02-2008		5 ***150	).00
4820 INSBROOK TS PALM COAST, FL 32033  2. Principal Pages of Business - No P.O. Box # 3. Moling Address Suite, Apr. #, etc.	Principal Plac	e of Rusiness	Mailing Address		٠		AΩ	กรี่กรี่วัน			
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Signature and Address of Current Registered Agent  5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Nox Acceptable)  Street Address (P.O. Box Number is Nox Acceptable)  5. Certificate of Status Desired Agent  Name  Street Address (P.O. Box Number is Nox Acceptable)  Street Address (P.O. Box Number is Nox Acceptable)  5. The above named entity submits tips statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators of registered agent. Or both, in the State of Florids. It am familiar with, and accept the chipgators and the accept the	City & Siat	•	City of State						<u> </u>	<del></del>	
S. Certificate of Status Desired   Part Address of Current Registered Agent   T. Name and Address of New Registered Agent   Namo   Namo   Street Address of New Registered Agent   Namo   Nam	7:-						20-046	1718		- 1 1	<del></del>
Sinest Address of New Registered Agent   Name and Address of New Registered Agent   Name	Zip	Country	Zip Co		itry		5. Certificate	of Status Desired			
Name    Name   Name   Note   N					····						d
LANGHAUSER, MARY M CPA  # Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		_6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered A	gent	
Size Approximate Approximation and Secret Approximation and Secret Approximation of Page 11.    Signature November 1		1050 1110/114051			Name				_		
City   FL   Zip Code			:		Stroot A	ddraan (F	O Bou Mumbo	. in Next Annuals			
City FL Zip Code  6. The above named entity submits tifs statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature band or printed turne of registered agent and the displacable. (POE. Registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature band or printed turne of registered agent.  FILE NOWITH FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaging Financing   \$5.00 May Be Add to Fee Add to F			W.	Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature toroid or person name of registered agent and size 4 suplicable.  (INTE Registered Agent Speaker required agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature toroid or person name of registered agent and size 4 suplicable.  (INTE Registered Agent Speaker required agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SI	PALIVICO	451, FL 32137 &		**							
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12. I hereby certify that the information supplied with this filing 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 arm an officer or director of the corporation or the receiver or Irustee 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: Jane Janes W. Hunt x 3/18/08 (386) 503-996