2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED SECRETARY OF STATE TĂLLAHASSEE, FLORIDA DOCUMENT # P03000126440 HUNT RESIDENTIAL CONSTRUCTION, INC. 05 JAN 18 AM 10: 17 Principal Place of Business Mailing Address 39 HUNT LANE **39 HUNT LANE** MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 CR2E034 (10/03) Chg-P City & State City & State 4 FFI Number Applied For 20-0362466 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNT, THERON S Street Address (P.O. Box Number is Not Acceptable) 39 HUNT LANE MONTICELLO, FL, FL 32344 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Addition HUNT, EDDIE T NAME NAME 39 HUNT LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP VP TITLE ☐ Defete TITLE Сhапре ☐ Addition HUNT, THERON S NAME NAME 39 HUNT LANE STREET ADDRESS STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition EURE, JON A NAME NAME 01/18/05--01005--022 **15 STREET ADDRESS 39 HUNT LANE 1 STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition HUNT, GLENDA G NAME NAME STREET ADDRESS 39 HUNT LANE STREET ADDRESS MONTICELLO, FL 32344 CITY-SE-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition

12. I hereby certify that the information supplied with this filling 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 logal 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

1-18-05