## 2004 FOR PROFIT CARPORATION ANNUAL REPORT

CHTY-ST-ZIP

SIGNATURE:

## Jul 09, 2004 08:00 AM DOCUMENT # P03950 **Secretary of State** HULL DEVELOPMENT ENTERPRISES, INC. Principal Place of Business Mailing Address 376 WINDWARD HILL 376 WINDWARD HILL EAST DORSET, VT 05253-9644 US EAST DORSET, VT 05253-9644 US No Chg-P 07052004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-2690429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HULL, JO ANN DO NOT WRITE 111 BRIAN RD MARATHON, FL 33050 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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PD HILE NAME HULL, JO ANN 40000164932 07/03/04-80003-016 150.00 376 WINDWARD HILL STREET ADDRESS CITY-ST-ZIP **EAST DORSET, VT 052539644** IME HULL, JOHN S. NAME 376 WINDWARD HILL STREET ADDRESS CITY-ST-ZIP EAST DORSET, VT 052539644 3137.E HULL, JOHN S. NAME STREET ADDRESS 376 WINDWARD HILL DO NOT WRITE EXTY-ST-709 EAST DORSET, VT 052539644 IN THIS SPACE TIBLE NAME STREET ADDRESS CITY - ST - ZIP MBE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS

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 charged, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**