


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P04000042837 1. Entity Name HUNTS AUTO SALES, INC	
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Principal Place of Business
4845 W US HWY 90
LAKE CITY, FL 32055

Mailing Address
4845 W US HWY 90
LAKE CITY, FL 32055



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3787281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

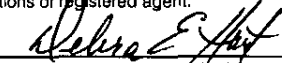
6. Name and Address of Current Registered Agent

HUNT, DEBRA E
862 SW PRICE CREEK RD HWY 245
LAKE CITY, FL 32025

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)


DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	HUNT, TODD L
STREET ADDRESS	862 SW PRICE CREEK RD HWY 245
CITY-STATE-ZIP	LAKE CITY, FL 32025

TITLE	ST
NAME	HUNT, DEBRA E
STREET ADDRESS	862 SW PRICE CREEK RD HWY 245
CITY-STATE-ZIP	LAKE CITY, FL 32025

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #