

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060501

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: HUNTER'S CREEK CURVES, INC.

**Current Principal Place of Business:**

3920 TOWN CENTER BLVD  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

3920 TOWN CENTER BLVD  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 26-0094558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'LUGO, EVE H  
120 BORADWAY STE 206  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: BUSBY, DIANE  
Address: 2352 S STEWART ST  
City-St-Zip: KISSIMMEE, FL 34746

Title: DVS ( ) Delete  
Name: MARSHBURN, DWYNIA  
Address: 1514 LEOPARD CT  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: BUSBY, DIANE  
Address: 2973 WHITE CEDAR CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE BUSBY

DPT

09/05/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date