


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-24-2005 90053 032 ***150.00

DOCUMENT # P04000060545					
1. Entity Name HUNTER'S DELIGHT, INC.					
Principal Place of Business 5726 ASPEN RIDGE CIR DELRAY BEACH, FL 33484			Mailing Address 5726 ASPEN RIDGE CIR DELRAY BEACH, FL 33484		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2223990	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANDIN, GARY T 3111 UNIVERSITY DR STE 404 CORAL SPRINGS, FL 33065				Name H. PHILLIPS Street Address (P.O. Box Number is Not Acceptable) 5726 ASPEN RIDGE DR City DELRAY BEACH FL Zip Code 33484	
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 <u><i>Henrietta C Phillips</i></u> Henrietta Phillips, Pres <u><i>1/18/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, HENRIETTA	NAME			
STREET ADDRESS	5726 ASPEN RIDGE CIR	STREET ADDRESS			
CITY - ST - ZIP	DELRAY BEACH, FL 33484	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 changed; or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Henrietta C Phillips</i></u> Pre <u><i>1/18/05</i></u> <u><i>954 480 9485</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66003003



01182005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDIN, GARY T
3111 UNIVERSITY DR STE 404
CORAL SPRINGS, FL 33065

Name
H. PHILLIPS
Street Address (P.O. Box Number is Not Acceptable)
5726 ASPEN RIDGE DR
City
DELRAY BEACH FL Zip Code
33484

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SIGNATURE *Henrietta C Phillips* **Henrietta Phillips, Pres** *1/18/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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After May 1, 2005 Fee will be \$550.00

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Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE: *Henrietta C Phillips* **Pre** *1/18/05* *954 480 9485*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chet 1234 Phillips Stash 1/20