

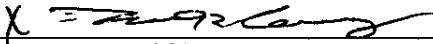



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90216 001 ***158.75

09-06-2005 90216 002 ***400.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P04000077832 | | | |  | |
| 1. Entity Name C. HUNTER CONSTRUCTION INC | | | | | |
| Principal Place of Business 4150 CITRUS ST KISSIMMEE, FL 34741 | | | Mailing Address 4150 CITRUS ST KISSIMMEE, FL 34741 | | |
| 2. Principal Place of Business 210 Cassia Blvd. Suite, Apt. #, etc. Satellite Beach, FL. City & State | | 3. Mailing Address 210 Cassia Blvd. Suite, Apt. #, etc. Satellite Beach, FL. City & State | |  | |
| Zip 32937 Country Broward | | Zip 32937 Country Broward | | 08082005 Chg-P CR2E034 (10/03) | |
| 4. FEI Number 20-1117336 | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent LEENEY, MICHAEL R 4150 CITRUS ST KISSIMMEE, FL 34741 | | | 7. Name and Address of New Registered Agent Name Leeney, Michael R. Street Address (P.O. Box Number is Not Acceptable) 210 Cassia Blvd. City Satellite Beach State FL Zip 32937 | | |
| 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 Michael R. Leeney  | | | DATE 8/28/05 | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD LEENEY, MICHAEL R 4150 CITRUS ST KISSIMMEE, FL 34741 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Leeney, Michael R. 210 Cassia Blvd. Satellite Beach, FL. 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | 8-28-05 321-773-2174 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Title | | |