

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90015 037 \*\*\*150.00

**DOCUMENT # P04000105942**

1. Entity Name  
**HUNTER GROUP INSURANCE, INC.**



Principal Place of Business  
**322 E. MICHIGAN STREET  
ORLANDO, FL 32806**

Mailing Address  
**322 E. MICHIGAN STREET  
ORLANDO, FL 32806**

2. Principal Place of Business  
**3911 E. Colonial Drive**  
Suite, Apt. #, etc.

3. Mailing Address *Howitt & Company*  
**P.O. Box 536973**  
Suite, Apt. #, etc.



01052006 Chg-P CR2E034 (11/05)

City & State  
**Orlando FL**  
Zip  
**32803**  
Country  
**Orange**

City & State  
**Orlando FL**  
Zip  
**32853-6973**  
Country  
**Orange**

4. FEI Number  
**02-0727332**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PATTERSON, MICHAEL  
3333 S ORANGE AVE STE 102  
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PP  
HUNTER, DAVID  
3333 S ORANGE AVE STE 102  
ORLANDO, FL 32806** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**3911 E. Colonial Drive  
Orlando, FL 32803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 #

**01-06-06 321-229-6240**