

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90048 005 ***150.00

DOCUMENT # P04000105942 1. Entity Name HUNTER GROUP INSURANCE, INC.			
Principal Place of Business 391 E COLONIAL DR ORLANDO, FL 32803		Mailing Address P.O. BOX 536973 C/O WHITLEY & COMPANY ORLANDO, FL 32853-6973	
2. Principal Place of Business - No P.O. Box # <u>3911 E Colonial Dr</u>		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Orlando, FL</u>		City & State	
Zip <u>32803</u>		Country <u>USA</u>	
4. FEI Number 02-0727332		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>David M Hunter</u> Street Address (P.O. Box Number is Not Acceptable) <u>3911 E Colonial Drive</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32803</u>	
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>David M. Hunter</u> <u>Call</u> <u>4-26-07</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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PP HUNTER, DAVID 3911 E COLONIAL DR ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David Hunter 3911 E Colonial Dr Orlando FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDD Michael Patterson 3911 E Colonial Drive Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>David M. Hunter</u> <u>4/26/07</u> <u>321-229-4240</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	