## 2007 FOR PROFIT CORPORATION

## Feb 01, 2007 08:00 AM **ANNUAL REPORT DOCUMENT # P04000138873 Secretary of State** 1. Entity Name **GREGORY HURST INC** Principal Place of Business Mailing Address 6837 CR 148 6837 CR 148 WILDWOOD, FL 34785 WILDWOOD, FL 34785 CR2E034 (11/05) 01152007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1711649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HURST, GREGORY A DO NOT WRITE 6837 CR 148 WILDWOOD, FL 34785 IN THIS SPACE 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 Fiorida. I am familiar with, and accept <u> 1100000615281</u> 02/06/07-80064-024 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HURST, GREFORY A NAME STREET ADDRESS 6837 CR 148 CITY-ST-ZIP WILDWOOD, FL 34785 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME

I hereby certify that the information supplied with this LMIG codes 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 emptywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

12. I hereby certify that the information supplied with this july

STREET ADDRESS CITY-ST-ZIP

does not qualify for the exemptions contained in Chapter 119, Florida Statutes I further certify that the information

**FILED**