

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # P04000165813

1. Entity Name
HUNZ ASSET MANAGEMENT, INC.



Principal Place of Business
**451 ADAMS COURT, NW
PORT CHARLOTTE, FL 33952 US**

Mailing Address
**451 ADAMS COURT, NW
PORT CHARLOTTE, FL 33952 US**



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1108112	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

**HUNSBERGER, JOHN P SR
451 ADAMS COURT, NW
PORT CHARLOTTE, FL 33952**

**DO NOT WRITE
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 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, 2007 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	P/M HUNSBERGER, JOHN P SR 451 ADAMS COURT, NW PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNSBERGER, HERBERT 1205 MARLBROOK LANE LANDSDALE, PA 19446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNSBERGER, JOSEPH E JR 5 FARMHOUSE ROAD MOUNTAIN TOP, PA 18707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, NANCY 460 ADAMS COURT, NW PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, BETTY 4022 BEAVER LANE, UNIT 200D PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/07-80015-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *John P Hunsberger, Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2007
Date

(941) 629-3272
Daytime Phone #