


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000064053		
1. Entity Name HUNTER VENTILATION AND AIR CONDITIONING, INC.		

Principal Place of Business 6295 147TH AVE NORTH CLEARWATER, FL 33760 US	Mailing Address 6295 147TH AVE NORTH CLEARWATER, FL 33760 US
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DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-2764415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HUNTER, BRADFORD V 1586 IDLE DR CLEARWATER, FL 33756	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

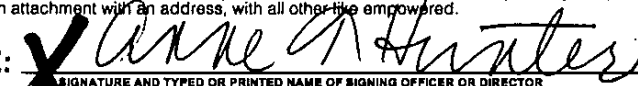
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTER, BRADFORD V 1586 IDLE DR CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTER, ANNE T 1586 IDLE DR CLEARWATER, FL 33756
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U000000684534
04/06/07-80038-023 150.00

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 # _____