## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P05000164657** 1. Entity Name 02-16-2006 90056 029 \*\*\*150.00 HUNLEE LAND PREP. INC. Principal Place of Business Mailing Address 9005 CREEK RUN RD. 9005 CREEK RUN RD. YOUNGSTOWN, FL 32466 YOUNGSTOWN, FL 32466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 20-3967116 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COWAN, MARCUS L. Street Address (P.O. Box Number is Not Acceptable) 9005 CREEK RUN RD. YOUNGSTOWN, FL 32466 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME COWAN, TERRY L. NAME 9005 CREEK RUN RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YOUNGSTOWN, FL 32466 CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change ☐ Addition COWAN, MARCUS L. NAME NAME STREET ADDRESS 9005 CREEK RUN RD. STREET ADDRESS YOUNGSTOWN, FL 32466 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TOTALE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

Feb 16, 2006 8:00 am