



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90022 018 \*\*\*150.00

<b>DOCUMENT # P07000021932</b> 1. Entity Name <b>MATT HUNTER PLUMBING, INC.</b>					
Principal Place of Business <b>5511 CRENSHAW LANE NORTH PORT, FL 34286</b>			Mailing Address <b>P.O. BOX 7407 NORTH PORT, FL 34287</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <b>P.O. Box 7407</b> Suite, Apt. #, etc. City & State <b>North Port, FL</b> Zip Country <b>34290 USA</b>			
01272008 Chg-P CR2E034 (12/06)				4. FEI Number <b>20-8521543</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GARDI, LES 7061 S. TAMIAMI TRAIL SARASOTA, FL 34231-5559</b>			7. Name and Address of New Registered Agent Name <b>Lisa Hunter</b> Street Address (P.O. Box Number is Not Acceptable) <b>5511 Crenshaw Lane</b> City <b>North Port FL</b> Zip Code <b>34286</b>		
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><i>Lisa R. Hunter</i></u> <b>Lisa R. Hunter V.P.</b> <u>1/27/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUNTER, MATT P.O. BOX 7407 NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Matt Hunter P.O. Box 7407 North Port, FL 34290</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Lisa Hunter P.O. Box 7407 North Port, FL 34290</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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><i>Matt C. Hunter</i></u> <b>Matt C. Hunter</b> <u>1-27-2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					