

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 041 ***158.75

DOCUMENT # P07000063321

1. Entity Name
HUNT TECHNOLOGY SERVICES, INC.



Principal Place of Business
1660 BARTON ST
LONGWOOD, FL 32750 US

Mailing Address
~~478 E. ALTAMONTE DR.~~
~~SUITE 108 PMB 277~~
~~ALTAMONTE SPRINGS, FL 32701~~

LONGWOOD, FL 32750
40113110



2. Principal Place of Business - No P.O. Box #
1660 BARTON ST
Suite, Apt. #, etc.
LONGWOOD, FL.

3. Mailing Address
1660 BARTON ST.
Suite, Apt. #, etc.
LONGWOOD, FL.

07222008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
26-0257135

Applied For
Not Applicable

Zip 32750 Country USA

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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUNT, THERESA
1660 BARTON ST
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME HUNT, THERESA
STREET ADDRESS 1660 BARTON ST
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VD ☐ Delete
NAME HUNT, WILSON
STREET ADDRESS 1660 BARTON ST
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Theresa L. Hunt THERESA L. HUNT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-08 321-277-1005
Date Daytime Phone #