


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90197 013 \*\*\*150.00

<b>DOCUMENT # P12594</b> 1. Entity Name HUNTER FAN COMPANY	
--	---

Principal Place of Business 2500 FRISCO AVENUE MEMPHIS, TN 38114	Mailing Address 2500 FRISCO AVENUE MEMPHIS, TN 38114
--	--

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
  
WINTERS, GARY  
KENROY INTERNATIONAL  
11660 CENTRAL PARKWAY  
JACKSONVILLE, FL 32216

**DO NOT WRITE  
IN THIS SPACE**

40080514



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1218702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BEASLEY, ROBERT E JR 2500 FRISCO AVENUE MEMPHIS, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WANGSNESS, DAVID H 2500 FRISCO AVE MEMPHIS, TN 38114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADAMS, BEN C JR 165 MADISON AVE MEMPHIS, TN <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENZ, RICHARD E 4020 ARROW WOOD COURT BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILMOTT, DAVID 399 PARK AVE., 9TH FLR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, DAVID 399 PARK AVE., 9TH FLR. NEW YORK, NY 10022

**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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_