2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24974

FILED Jan 29, 2004 Secretary of State

Entity Name: HUNTER HOTEL COMPANY							
Current Principal Place of Business:				New Princ	New Principal Place of Business:		
500 MANDA CLEARWA	ALAY TER, FL 337	767					
Current Mailing Address:				New Maili	New Mailing Address:		
P.O. BOX 7 1000 WALN DES MOINE		9					
FEI Number: 42-0864327 FEI Number Applied For () FEI N			FEI Number Not Appl	lot Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
LEE, WALLACE 500 MANDALAY AVE. CLEARWATER, FL 33767				500 MAND	NEIL MAYHEW 500 MANDALAY CLEARWATER, FL 33767		
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.							
SIGNATURE: NEIL MAYHEW					01/29/2004		
	Electro	nic Signature of	Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ASVD (HUNTER, JEF 1000 WALNU DES MOINES	Γ		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (HUNTER, DAN 1000 WALNU DES MOINES	Г		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (HUNTER, EDV 1000 WALNU DES MOINES	Г		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	PTD () Delete		Title:	PTD	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HUNTER, CAROLYN C.,

DES MOINES, IA 50309

1000 WALNUT

SIGNATURE: JEFF HUNTER VP 01/29/2004

HUNTER, CAROLYN C.,

CLEARWATER, FL 33767

500 MANDALAY AVE.

Name:

Address:

City-St-Zip: