


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90021 007 ***150.00

DOCUMENT # P93000077026 1. Entity Name HUNTERS VIEW, INC.			
Principal Place of Business 14625 SMITH SUNDY RD. DELRAY BEACH FL 33446 US		Mailing Address 14625 SMITH SUNDY RD. DELRAY BEACH FL 33446 US	
2. Principal Place of Business 14830 Smith Sundry Rd. Suite, Apt. #, etc.		3. Mailing Address 4394 NW 9 Ave Suite, Apt. #, etc. # 339	
City & State Delray Beach, FL Zip 33446		City & State Pompano Beach, FL Zip 33064	
Country Palm Beach		Country Broward	
4. FEI Number 65-0449700		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, LISE A ESQ 22338 ENSENADA WAY BACO RATON FL 33433		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S <input type="checkbox"/> Delete NAME DIRICO, JULIE STREET ADDRESS 4394 NW 9 AVE #339 CITY-ST-ZIP POMPAÑO BEACH FL 33064	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Julie Dirico President 2/1/04 561 637 9117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #