

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90082 044 \*\*\*150.00

<b>DOCUMENT # P93000085933</b> 1. Entity Name <b>HUNTER &amp; HORTON, INC.</b>					
Principal Place of Business <b>5413 US HWY 19 NEW PORT RICHEY, FL 34652 US</b>			Mailing Address <b>C/O PDR CPA'S 29750 US HIGHWAY 19 N, SUITE 101 CLEARWATER, FL 33761</b>		
2. Principal Place of Business - No P.O. Box # <b>29750 US Hwy 19 N</b>		3. Mailing Address <b>29750 US Hwy 19 N</b>			
Suite, Apt. #, etc. <b>Suite 101</b>		Suite, Apt. #, etc. <b>Suite 101</b>			
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>			
Zip <b>33761</b>		Country <b>Pinellas</b>		Zip <b>33761</b>	
Country <b>Pinellas</b>		Country <b>Pinellas</b>			
4. FEI Number <b>59-3155426</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>HORTON, RODNEY O 5413 US HWY 19 NEW PORT RICHEY, FL 34652</b>			7. Name and Address of New Registered Agent Name <b>Horton, Rodney</b> Street Address (P.O. Box Number is Not Acceptable) <b>PDR CPAS</b> <b>29750 US Hwy 19 N</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</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 _____ (NOTE: Registered Agent signature required when reinstating) 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, J. MATTHEW 40 KELLY'S TRAIL OLDSMAR, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HORTON, RODNEY O 2557 LAKESIDE CT PALM HARBOR, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-15-08</b> Daytime Phone # _____		