

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000066450

1. Entity Name

TROPHY HUNTER, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 14 PM 1:05

Principal Place of Business
10124 FOXHURST COURT
ORLANDO FL 32836

Mailing Address
10124 FOXHURST COURT
ORLANDO FL 32836
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3264602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVEN A. VAN DYKE
10124 FOXHURST CT
ORLANDO FL 32836

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 re-registering)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VAN DYKE, STEVEN A
STREET ADDRESS 10124 FOXHURST COURT
CITY-ST-ZIP ORLANDO FL 32836

TITLE S ☐ Delete
NAME MAYSE, SHELLY C.
STREET ADDRESS 10124 FOXHURST COURT
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete
NAME TEITELBAUM, DOUGLAS P
STREET ADDRESS 885 THIRD AVENUE 34TH FL
CITY-ST-ZIP NEW YORK NY 10022

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 800034798318
CITY-ST-ZIP 04/30/04--01009--009 **158.75

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

TITLE ☒ Change ☐ Addition
NAME Teitelbaum, Douglas P
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Van Dyke 4/10/04

Date

Daytime Phone #

407
345-8332