## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Apr 20, 2006 08:00 AM Secretary of State **DOCUMENT # P95000033139** 1. Julily Name GIGI HUNTER INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 20460 E PENNSYLVANIA AVE 20460 E PENNSYLVANIA AVE DUNNELLON, FL 34432 DUNNELLON, FL 34432 CR2E034 (11/05) 04172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3312532 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUNTER, GIGI DO NOT WRITE 16252 JONES RD. BROOKSVILLE, FL 34601 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstelling) DATE )100000521918 05/03/06-80009-001 150.00 \$. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. me HUNTER, GIGI HAME 20460 E. PENNSYLVANIA AVE STREET ADDRESS CITY-ST-ZIP DUNNELLON, FL 34432 TRIF NAME STREET ADDRESS COTY-ST-ZIP MILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THIE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME SIDEET ADDRESS City-St-70

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the informatic indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direct 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 1 changed, or on an attachment with an address, with all other like empowered.

NO TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: