

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000087238

1. Entity Name
HUNTER INSURANCE AGENCY, INC.



Principal Place of Business

**1331 N MILLS AVE
ORLANDO, FL 32803**

Mailing Address

**P.O. BOX 531166
ORLANDO, FL 32853-1166**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0627883

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HANKS, KENNEY M
1331 N MILLS AV
ORLANDO, FL 32803**

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**U000000113345
04/15/04-80005-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANKS, KENNEY M
STREET ADDRESS	1331 N MILLS AVE
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	D
NAME	DINKLAGE, KENNETH H
STREET ADDRESS	1331 N MILLS AVE
CITY - ST - ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Kennedy M. Hanks

Date

4-12-04

Daytime Phone #

407-841-1080