


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90080 035 ***150.00

DOCUMENT # P96000054528		
1. Entity Name HUNTER-MANOR I, INC.		

Principal Place of Business 8464 NW 2ND STREET CORAL SPRINGS, FL 33071 US	Mailing Address 8464 NW 2ND STREET CORAL SPRINGS, FL 33071 US
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40065766



2. Principal Place of Business 10282 N.W. 31st St Suite, Apt. #, etc.	3. Mailing Address P.O. Box 8332 Suite, Apt. #, etc.
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07112005 Chg-P CR2E034 (10/03)

City & State Coral Springs, FL	City & State Coral Springs, FL	4. FEI Number 65-0749864	Applied For <input type="checkbox"/> Not Applicable
Zip 33065	Country Broward	Zip 33075	Country Broward

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

6. Name and Address of Current Registered Agent BLAND, JOSEPH 8464 NW 2ND ST CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Bland, Joseph Street Address (P.O. Box Number is Not Acceptable) 10282 N.W. 31st St. City Coral Springs FL Zip Code 33065	
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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 Joseph Bland DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST BLAND, JOSEPH G 8464 NW 2ND STREET CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST Bland, Joseph 10282 N.W. 31st St. Coral Springs, FL 33065 <input checked="" 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
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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 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: Joseph Bland Date 7-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR