

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 026 ***150.00

DOCUMENT # P97000061973

1. Entity Name
HUNTER CONSTRUCTION SERVICES, INC.



Principal Place of Business
3300 S CONGRESS AVE., #7
BOYNTON BEACH, FL 33426 US

Mailing Address
3300 S CONGRESS AVE., #7
BOYNTON BEACH, FL 33426 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02042004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0765337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, JEFFREY
354 SE 5TH AVE
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name Hunter Jeffrey
Street Address (P.O. Box Number is Not Acceptable)
3300 S. Congress Ave.
7
City Boynton Bch FL Zip Code 33426

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**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUNTER, JEFFREY	
STREET ADDRESS	5601 MARSEILLES PART LN	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	CS	<input type="checkbox"/> Delete
NAME	LEE, BARRY	
STREET ADDRESS	711 S N STREET	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEPERA, STUART	
STREET ADDRESS	7819 SILVERWOOD CT	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

561-742-7699

Daytime Phone #