2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000108765

1. Entity Name HUNTERS RUN FARM, INC.



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

985 PALM VALLEY RD. PONTE VEDRA BEACH, FL 32082 985 PALM VALLEY RD. PONTE VEDRA BEACH, FL 32082



DO NOT WRITE IN THIS SPACE

04192007 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BONNETTE, HARRIS L JR. 1548 LANCASTER TERR. JACKSONVILLE, FL 32204

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 alignature required when reinstating) DATE					
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing 🖂	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIREC	CTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RITTER, LOUIS H 985 PALM VALLEY RD. PONTE VEDRA BEACH, FL 32082				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS RITTER, JUDIE K. 985 PALM VALLEY ROAD PONTE VEDRA BEACH, FL 32082				000000719519 05/01/07-80065-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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					

OFFICER OR DIRECTOR