


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90082 035 ***150.00

DOCUMENT # P97000108765 1. Entity Name HUNTERS RUN FARM, INC.	
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Principal Place of Business 985 PALM VALLEY RD. PONTE VEDRA BEACH, FL 32082 32081	Mailing Address 985 PALM VALLEY RD. PONTE VEDRA BEACH, FL 32082 32081
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
BONNETTE, HARRIS L. JR. 1548 LANCASTER TERR. JACKSONVILLE, FL 32204	

7. Name and Address of New Registered Agent	
Name	R. Bruce Shealy
Street Address (P.O. Box Number is Not Acceptable)	C/o Ralston & Company, P.A.
	8777 San Jose Blvd., Bldg. E
City	Jacksonville FL Zip Code 32217

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 *R. Bruce Shealy* DATE 4/16/08

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, LOUIS H	NAME	
STREET ADDRESS	985 PALM VALLEY RD.	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082 32081	CITY-ST-ZIP	
TITLE	DVPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER, JUDIE K.	NAME	
STREET ADDRESS	985 PALM VALLEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082 32081	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louis H. Ritter* DATE: April 19, 2008 904 810-2362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #