## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 12, 2004 8:00 am **Secretary of State DOCUMENT # P97000109110** 02-12-2004 90004 021 \*\*\*150.00 HUNTER DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 3333 S ORANGE AVE PO BOX 568803 102 ORLANDO, FL 32856-8803 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3488479 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAWLUS, JAMES M O. Box Number is Not Acceptable 3333 SOUTH ORANGE AVENUE **STE 102** ORLANDO, FL 32806 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 02-05-04 ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE iS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition Presid NAME PAWLUS, JAMES M MAME STREET ADDRESS PO BOX 568803 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328568803 CITY-ST-ZIP FL 32856-8803 TITLE Delete TITLE ☐ Change ☐ Addition BRANTLY, DEAN L NAME STREET ADDRESS P.O. BOX 568803 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328568803 CITY-ST-7P Delete TITLE TITLE ☐ Change ■ Addition NAME BRANTLY, DEAN L NAME STREET ADDRESS PO BOX 568803 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328568803 CITY-ST-ZIP TITLE Detete TITLE Change Addition **HUNTER, DAVID** NAME NAME STREET ADDRESS PO BOX 568803 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328568803 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7P 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 of the corporation or the receiver or trechanged, or on an attachment with an

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