


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-14-2005 90080 034 ***150.00

DOCUMENT # P98000060504 1. Entity Name HUNTER-3,6,7, INC.					
Principal Place of Business 8464 N.W. 2ND STREET CORAL SPRINGS, FL 33071			Mailing Address 8464 N.W. 2ND STREET CORAL SPRINGS, FL 33071		
2. Principal Place of Business 10282 N.W. 31st St		3. Mailing Address P.O. Box 8332			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Coral Springs, FL		City & State Coral Springs, FL		4. FEI Number 65-0891110	
Zip 33065		Country Broward		Applied For <input type="checkbox"/> Not Applicable	
Zip 33065		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$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	
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 <u><i>Joseph Bland</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7-8-05</u>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ST CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST Bland, Joseph 10282 N.W. 31st St Coral Springs, FL 33065	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	
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	
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	
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: <u><i>Joseph Bland</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>7-8-05</u> <small>Date Daytime Phone #</small>		