


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 004 ***158.75

DOCUMENT # P99000027976 1. Entity Name HUNNEWELL PROPERTIES, INC.					
Principal Place of Business 204 E. DE. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603			Mailing Address 204 E. DE. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-3568640				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNNEWELL, SHARON 204 E. DE. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603			7. Name and Address of New Registered Agent Name <u>Sharon Hunnewell-Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>204 E. DE. M.L. King Jr Blvd</u> City <u>Tampa</u> FL Zip Code <u>33603</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete HUNNEWELL-JOHNSON, SHARON 204 E. DE. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete HUNNEWELL-JOHNSON, SHARON 204 E. DE. MARTIN LUTHER KING, JR. BLVD. TAMPA, FL 33603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Sharon Hunnewell-Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>03/21/08</u> <u>813-234-2264</u> <small>Date Daytime Phone #</small>		