2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 05, 2006 08:00 AN Secretary of State

1. Enlity Name HST VENTURES, INC. Principal Place of Business 751 OAK ST., STE 600 JACKSONVILLE, FL 32204 DO NOT WRITE IN THIS SPACE O7052006 No Chg-P CR2E034 4. FEI Number 59-3573215 5. Certificate of Status Desired \$\frac{\$8\$}{\$Fee}\$ HUTCHINS, RAYMOND L 751 OAK ST., STE 600 DO NOT WRITE	
Principal Place of Business 751 OAK ST., STE 600 JACKSONVILLE, FL 32204 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HUTCHINS, RAYMOND L 751 OAK ST., STE 600 DO NOT WRITE DO NOT WRITE Building Address 751 OAK ST., STE 600 JACKSONVILLE, FL 32204 07052006 No Chg-P CR2E034 4. FEI Number 59-3573215 5. Certificate of Status Desired Fee Building Address Fee O7052006 No Chg-P CR2E034 A. FEI Number 59-3573215 Fee DO NOT WRITE	(11/05) Applied For Not Applicable 75 Additional
751 OAK ST., STE 600 JACKSONVILLE, FL 32204 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HUTCHINS, RAYMOND L 751 OAK ST., STE 600 DO NOT WRITE B. DO NOT WRITE DO NOT WRITE DO NOT WRITE DO NOT WRITE	(11/05) Applied For Not Applicable 75 Additional
751 OAK ST., STE 600 JACKSONVILLE, FL 32204 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HUTCHINS, RAYMOND L 751 OAK ST., STE 600 DO NOT WRITE B. DO NOT WRITE DO NOT WRITE DO NOT WRITE DO NOT WRITE	(11/05) Applied For Not Applicable 75 Additional
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HUTCHINS, RAYMOND L 751 OAK ST., STE 600 DO NOT WRITE	
70 CAN 01., 0 E 000	
IN THIS SPACE	
 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 family the obligations of registered agent. 	iliar with, and accept
SIGNATURE	
FILE NOWILL FEE 18 \$550.00 9. Election Campaign Financing \$5.00 May Be Due by September 6, 2006 Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS	
TITLE PD	
NAME HUTCHINS, RAMOND L STREET ADDRESS 751 OAK ST., STE 600	
CITY-ST-7IP	
TITLE VD 09/05/06-80010-0	10 550.00
NAME SHAW, R LAMAR JR STREET ADDRESS 751 OAK ST., STE 600	
STREET ADDRESS 751 OAK ST., STE 600 CITY-ST-ZIP JACKSONVILLE, FL 32204	
TITLE STD	
NAME THORNTON, JOHN T	
STREET ADDRESS 751 OAK ST., STE 600 CITY-ST-ZIP JACKSONVILLE, FL 32204 DO NOT WRITE	
WIN WI MI	
TITLE IN THIS SPACE	
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TITLE IN THIS SPACE STREET ADDRESS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	

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 truefee 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:

STREET ADDRESS

THE MAN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR R.L.HUTCH

Date

Daytime Phone ∉