

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90183 050 ***150.00

DOCUMENT # S01532 1. Entity Name HUNTER LANDSCAPES, INC.	
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Principal Place of Business 177 U.S. HWY ONE 285 TEQUESTA, FL 33469 US	Mailing Address 177 U.S. HWY ONE 285 TEQUESTA, FL 33469 US
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05032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0223088	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

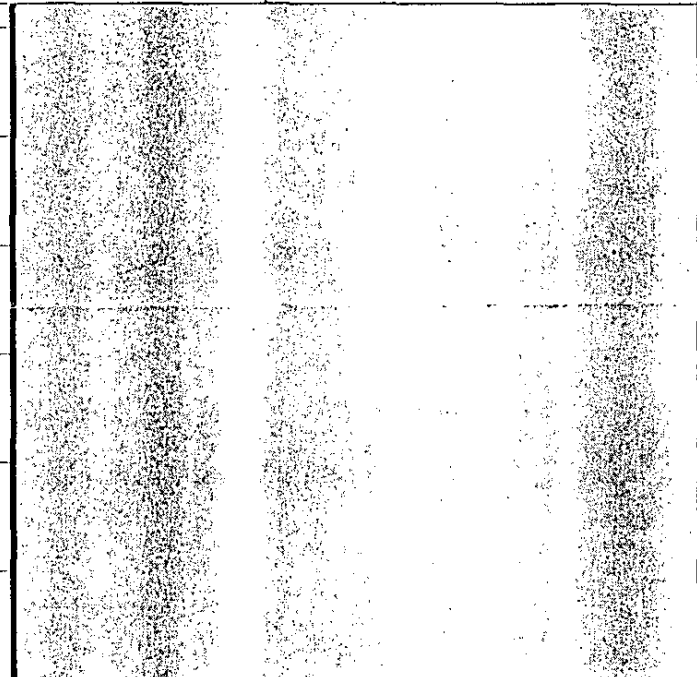
6. Name and Address of Current Registered Agent JUNE L. FERREN-HUNTER 177 U.S. HWY ONE, STE. 285 TEQUESTA, FL 33469	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUNTER, RICHARD BRADLEY 17344 SE CONCH BAR RD TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERREN, JUNE LINA 17344 SE CONCH BAR RD TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 04/29/04 5615759006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #