## ANNUAL REPORT

**DOCUMENT # S19180** 

1. Entity Name

HUNTER HOLDINGS OF PONCE INLET, INC.



01272008

**FILED** Feb 14, 2008 08: **Secretary of S** 

Principal Place of Business

**30 INLET HARBOR ROAD** PONCE INLET, FL 32127 Mailing Address

92 DIFFIN DR WELLAND, ONTARIO L3C2K3

CANADA,



CR2E034 (11/05)

No Chg-P

DO NOT WRITE IN THIS SPAC				1			
				4. FEI Number 59-3046624		Applied For Not Applicable	
				5. Certificat	e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	stered Agent			<del></del>	<del></del>	
PETERSON, SID C JR. 418 CANAL STREET NEW SMYRNA BEACH, FL 32168				DO NOT WRITE IN THIS SPACE			
8. The above the obligations SIGNATURE.	named entity submits this statement for the tions of registered agent.	purpose of changing its regis	tered office or	egistered agent, or be	oth, in the State of Florida.	am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Regis	tered Agent signatur	required when reinstating)	D	ATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign F. Trust Fund Contributi				\$5.00 May Be Added to Fees	0000008278 02/22/08-8000	338 36-013 150.00 -	
10.	OFFICERS AND DIRE	CTORS	T	- <u>-</u> -			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHYTE, ANN L 92 DIFFIN DRIVE WELLAND ONTARIO CANADA,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHYTE, STEVEN 224 EVERGRENE PKWY PALM BEACH GARDENS, FL 33410						
TITLE NAME STREET ADDRESS CITY-S1-ZIP	SD MOORE, SHARON 4 PARKWAY AVE MARKHAM, ONT, CANADA, 13p 2e7				NOT WRI		
TITLE				· IN '	THIS SPAC	JE .	

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ANN WHYTE

FEB. 10 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR