


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # S29648 1. Entity Name HUNTER DISTRIBUTING, INC.	
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Principal Place of Business 555 8TH STREET STE H HOLLY HILL, FL 32117 US	Mailing Address 555 8TH STREET STE H HOLLY HILL, FL 32117 US
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3053600	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUNTER, GARY 555 8TH STREET STE H HOLLY HILL, FL 32117	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000049592 02/13/04-80028-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, GARY 319 EMORY DR DAYTONA BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTER, DEBBIE 319 EMORY DR. DAYTONA BCH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONNELLY, JOHN 555 8TH STREET STE H HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLINS, RICK 555 8TH STREET STE H HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Debbie Hunter Jan 14, 2004 386 323 1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #