

**2006 FOR PROFIT CORPORATE ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P96000038659

04-05-2006 90146 014 \*\*\*150.00

1. Entity Name  
 HUNTER SERVICES, INC.

Principal Place of Business 2634 COBBLESTONE FOREST DR JACKSONVILLE FL 32225 US	Mailing Address 2634 COBBLESTONE FOREST DR JACKSONVILLE FL 32225 US
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1st MOORE CR2E034 (10/05)

2. Principal Place of Business 3443 Glenn Hollow Ct. Suite, Apt. #, etc.	3. Mailing Address 3443 Glenn Hollow Ct. Suite, Apt. #, etc.
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City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32226	Zip 32226
Country USA	Country USA

4. FEI Number 59-3378257 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANTIN, SEAN R <del>2634 COBBLESTONE FOREST DR JACKSONVILLE FL 32225</del> 3443 Glenn Hollow Ct Jacksonville, FL 32226	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 fee if applicable) (NOTE: Registered Agent signature required when circulating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$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	O PANTIN, SEAN R 2634 COBBLESTONE FOREST DR JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Pantin, Sean R. 3443 Glenn Hollow Ct Jacksonville, FL 32226 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 Section 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 appointed 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: \_\_\_\_\_ DATE: 3/30/06 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR