


**2007 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State


DOCUMENT # P96000038659

1. Entity Name
HUNTER SERVICES, INC.



Principal Place of Business 3443 GLENN HOLLOW CT JACKSONVILLE, FL 32226 US	Mailing Address 3443 GLENN HOLLOW CT JACKSONVILLE, FL 32226 US
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3378257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

PANTIN, SEAN R
3443 GLENN HOLLOW CT
JACKSONVILLE, FL 32226

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PANTIN, SEAN R 3443 GLENN HOLLOW CT JACKSONVILLE, FL 32226
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04/05/07-80014-015-150.00

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 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:  **SEAN R. PANTIN OWNER** 3/26/07 904-962-6736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #