2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State
02-18-2004 90017 004 ****61.25

DOCUMENT # 732268

1. Entity Name

SHOCKLEY HILL CLUB INC.

Principal Place of Business	Mailing Address
20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US	20325 BLUE WING ROAD P. O. BOX 583 ALTOONA FL 32702 US

Z4U11897

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
20335 Blue Wing Rd	P.O. Box 583
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Altoona, Fla 32702	City & State: Altoona, Fl 32702
Zip / Country: Lake	Zip / Country: Lake

4. FEI Number: 59-1647615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RHEA, DOLORES L 20420 BLUE WING ROAD ALTOONA FL 32702	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: Dolores L. Rhea 2-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRATER, ARDANA 38000 SR 19 UMATILLA FL 32784	☒ Delete	TITLE P/T NAME STREET ADDRESS CITY-ST-ZIP	Dolores L. Rhea 20420 Green Wing Rd. Altoona, Fla. 32702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ABDON, MARIE 20405 BLACK DUCK ROAD ALTOONA FL 32702	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Charlotte Rush 20434 Gadwall Rd. Altoona, Fl 32702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WATSON, FLORENCE 47220 DEER ROAD ALTOONA FL 32702	☒ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Rosalle Bloys 20414 Gadwall Rd. Altoona, Fl 32702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RHEA, DOLORES 20420 GREEN WING ROAD ALTOONA FL 32702	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Geraldine Palmer 20422 Green Wing Rd. Altoona, Fl 32702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOYS, ROSALIE 20414 GADWALL ROAD ALTOONA FL 32702	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	David Slater 19440 Sunset Strip, Altoona, F Altoona,Fl 32702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIES, MARGIE 20335 BLUE WING ROAD ALTOONA FL 32702	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Rodney Strong 38000 US 19 Lot 19 Altoona, Fl 32702	☐ Change ☒ Addition

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 617, 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: Dolores L. Rhea 2-12-04 352 669 6815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #