


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # H68932 1. Entity Name MUDDBONE HUNT CLUB, INC.	
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Principal Place of Business 7001 W. LANTANA ROAD LAKEWORTH, FL 33467 US	Mailing Address P O BOX 540085 LAKE WORTH, FL 33454-085 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2563369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCOLLUM, JAMES F. 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870	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 _____

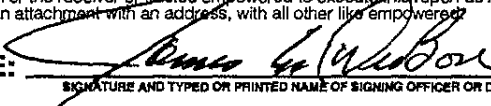
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITWORTH, JOHN I. 3926 SHERWOOD BLVD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HALEY, VALJEAN 10932 GLENEAGLES ROAD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUBOSE, JAMES E. PO BOX 1652 NA SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/17/05-80038-018 150.00

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 empowers.

SIGNATURE:  DATE: 2/15/05 DAYTIME PHONE #: 561-346-5694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR