


2007 FOR PROFIT CORPORATION ANNUAL REPORT

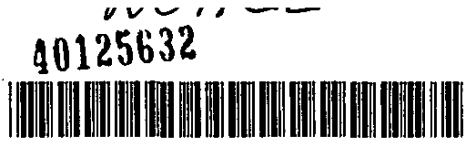
FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90108 021 ***150.00

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



07122007 No Chg-P CR2E034 (11/05)

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

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$500.00
1500
Due by September 14, 2007

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	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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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: *James E. Dubose* 7/11/07 561-968-5039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #