


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N25729 1. Entity Name MCGEE BRANCH HUNTING CLUB, INC.	
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Principal Place of Business C/O ROBERT J. BEAUCHAMP P. O. BOX 1777 CHIEFLAND, FL 32644 US	Mailing Address C/O ROBERT J. BEAUCHAMP P. O. BOX 1777 CHIEFLAND, FL 32466 US
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DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2869186	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BEAUCHAMP, ROBERT J.
105 S. E. 105TH STREET
CHIEFLAND, FL 32626

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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	DST CABON, JASON 1021 SE 8TH ST WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDISON, ED 20730 S.W. 36TH ST DUNNELLON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VADIN, BARBER 4950 NE 50TH ST BRADSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, LAMAR RT. 2, BOX 965 WILLISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASON, JAKE 1021 SE 8TH ST WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOME, JERRY 9230 NE 65TH LANE BRONSON, FL 32621

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000000931898
05/22/08-80032-020 61.25

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 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:  **4/29/08** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR