


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 018 ****61.25

DOCUMENT # N98000001798

1. Entity Name
THOMAS CREEK SPORTSMAN'S CLUB, INC.



Principal Place of Business
**2817 TEN MILE ROAD
 PACE, FL 32571**

Mailing Address
**2817 TEN MILE ROAD
 PACE, FL 32571**

54003873



2. Principal Place of Business
4475 4474 Woodbine RD

3. Mailing Address
4474 Woodbine RD

Suite, Apt. #, etc.
Suite 3 #9

Suite, Apt. #, etc.
Suite 3 #9

City & State
Pace FL

City & State
Pace, FL

Zip
32571

Country
US

Zip
32571

Country
US

02062004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

LACOSTE, S. SCOTT
2817 TEN MILE ROAD
PACE, FL 32571

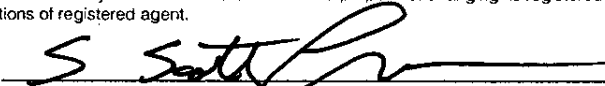
7. Name and Address of New Registered Agent

Name **Lacoste, S. Scott**

Street Address (P.O. Box Number is Not Acceptable)
2817 Ten Mile RD

City **Pace** State **FL** Zip Code **32571**

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 **2-6-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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

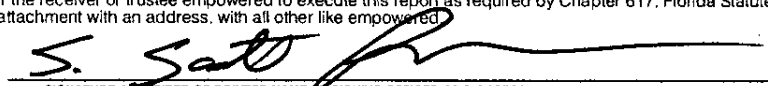
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIDWELL, MARION O 8093 CHUMUCKLA HIGHWAY PACE, FL 32571	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACOSTE, S. SCOTT 2817 TEN MILE ROAD PACE, FL 32571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADFORD, PITTMAN E 107 BEVERLY PKWY. PENSACOLA, FL 32505	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **2-6-04** 850-994-7373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #