

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90078 037 \*\*\*150.00

<b>DOCUMENT # P92000012508</b> 1. Entity Name <b>WHITE STRAND HUNT CLUB, INC.</b>					
Principal Place of Business <b>113 MOODY LANE PALATKA, FL 32177</b>			Mailing Address <b>113 MOODY LANE PALATKA, FL 32177</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent  <b>CROWE, GARTH 113 MOODY LANE PALATKA, FL 32177</b>				7. Name and Address of New Registered Agent Name <b>David A. Batten</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Sunshine Blvd</b> City <b>DeLand</b> <b>FL</b> Zip Code <b>32724</b>	
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 <u><i>David A. Batten</i></u> (NOTE: Registered Agent signature required when resigning) DATE <u>1/18/07</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARTH, CROWE,</b> <b>113 MOODY LANE</b> <b>PALATKA, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gary Armstrong</b> <b>P. O. Box 492</b> <b>East Palatka, FL 32131</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PETTY, MARTY</b> <b>100 LAUREL VALLEY CT.</b> <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Jack V Foley</b> <b>319 Acacia Drive</b> <b>Port Orange, FL</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ARMSTRONG, GARY</b> <b>P.O. BOX 492 N/A</b> <b>EAST PALADKA, FL 32131</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>David Batten</b> <b>1 Sunshine Blvd</b> <b>DeLand, FL 32724</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CROWE, GARTH</b> <b>113 MOODY LANE</b> <b>PALATKA, FL 32177</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b> <b>Ray Crowe</b> <b>139 Slaughter Rd</b> <b>Palatka, FL 32177</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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.					
<b>SIGNATURE:</b> <u><i>David A. Batten, Treasurer</i></u> <u>1/18/07</u> <u>386-2536851</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					