

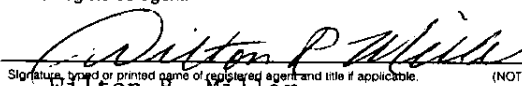
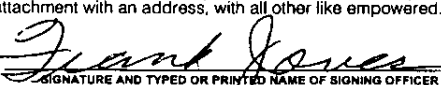


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90188 034 \*\*\*\*61.25

<b>DOCUMENT # 703958</b> 1. Entity Name <b>LA-WEST FISHING CLUB, INC.</b>					
Principal Place of Business <b>P.O. BOX 961 C/O FRANK JONES OPELIKA, AL 36803 US</b>			Mailing Address <b>P.O. BOX 961 C/O FRANK JONES OPELIKA, AL 36803 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40069217</div>  <div style="margin-top: 10px;">           03152007    Chg-NP    CR2E037 (12/06)         </div>	
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>63-0978859</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>MILLER, WILTON R. 201 S MONROE ST. #500 TALLAHASSEE, FL 32301</b>	
7. Name and Address of New Registered Agent Name <b>Wilton R. Miller</b> Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; margin: 5px;"> <b>101 N Monroe St., Suite 900</b> </div> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</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  <b>March 15, 2007</b> <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                      DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RAY, JERRY 1401 OAKBOWERY RD OPELIKA, AL 36801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWN, ORRIN 611 N 9TH ST OPELIKA, AL 36801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PHILLIPS, JODY 1102 WILLOW RUN OPELIKA, AL 36801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JONES, FRANK V 602 AVENUE A OPELIKA, AL 36801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KUYKENDALL, DAN <b>Deceased</b> 1204 UNIROYAL RD OPELIKA, AL 36801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T John Melson 930 - 3rd Avenue Opelika, AL 36801</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT JACKSON, CARSON 519 TERRACWOOD DRIVE OPELIKA, AL 36801	<input type="checkbox"/> Delete		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 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: 				4-17-07    334-749-8306 <small>Date                      Daytime Phone #</small>	
<b>Frank Jones, Secretary</b>					