2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706239

FILED Apr 28, 2005 Secretary of State

Entity Name: MAY BLUFF HUNTING CLUB INC

Current Principal Place of Business:		New Principal Place of Business:		
220 EAST SUITE 1	MAIN STREET			
	, FL 33831 l	JS		
Current Mailing Address:		New Mailing Address:		
P.O. BOX BARTOW	2429 , FL 33831			
El Number	: 59-2623140	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
510 COM SUITE 3	R, W. RAY IMERCIAL PAR D, FL 33801 U			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:			ed office or registered agent, or both,
the State	e of Florida. RE:	ubmits this statement for the place.		ed office or registered agent, or both, Date
n the State	e of Florida. RE:	ic Signature of Registered Ag	ent	
n the State GNATUI FFICER ittle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered Ag FORS: Delete E E DR N ST.	ent	Date
DFFICER itle: lame: ddress: itle: lame: ddress: itle: lame: ddress:	e of Florida. RE: Electroni S AND DIRECT PD () GIBSON, CLYDI 810 S. JACKSO BARTOW, FL 3	ic Signature of Registered Agr FORS: Delete E E DR N ST. 3830 Delete ETH	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR
n the State	e of Florida. RE: Electroni S AND DIRECT PD () GIBSON, CLYDI 810 S. JACKSO BARTOW, FL 3 VPD () MEEKS, KENNE 175 CECILE CT BARTOW, FL 3	ic Signature of Registered Agronal Forms: Delete E E DR N ST. 3830 Delete ETH 3830 Delete STH SESSINGEN AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN D HINTON SECT 04/28/2005