2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2006 8:00 am **DOCUMENT # 706239** Secretary of State 1. Entity Name 03-22-2006 90010 044 ****61.25 MAY BLUFF HUNTING CLUB INC Principal Place of Business Mailing Address 220 EAST MAIN STREET, P.O. BOX 2429 SUITE 1 BARTOW FL 33831 BARTOW FL 33831 2. Principal Place of Business 3. Mailing Address 3 P.O. Box 326 1510 Commercial Park Drivets ت د د Suite, Apt. #, etc. Suite Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Suite: 3a, riciia. Applied For City & State City & State 4. FE! Number 59-2623140 Lakeland, Florida Lakeland, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33802-0326 33801 US US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORTNER, W. RAY Street Address (P.O. Box Number is Not Acceptable) 1510 COMMERCIAL PARK DR SUITE 3 LAKELAND FL 33801 City Zip Code 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. 3/13/06 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. S/T/D TX Change ☐ Addition DTIE ☐ Delete TITLE GIBSON, CLYDE E DR FORTNER, W. RAY NAME NAME 810 S. JACKSON ST. STREET ADDRESS STREET ADDRESS 1510 Commercial Park Dr., Suite 3 CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP Lakeland, FL 33801 VPD ☐ Addition Delete X Change MEEKS, KENNETH NAME NAME Fletcher, William 175 CECILE CT STREET ADDRESS STREET ADDRESS 559 S. Commerce Ave. Sebring, FL 33870-3869 BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition HILE TITLE HINTON, BRIAN NAME Strain, Hobson STREET ADDRESS 2310 SOUTH KISSINGEN AVE STREET ADDRESS 1221 Edgewood Drive Lakeland, FL 33803 BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE Change Addition OATES, JOHN S NAME NAME STREET ADDRESS 1135 BOUGAINVILLEA WAY STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT! F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP

12. It hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

SIGNATURE: M. Ray Fortner 3/13/06