

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 724380**

1. Entity Name  
**ROY ROAD HUNTING CLUB, INC.**



Principal Place of Business  
**222 NORTH THIRD ST  
PALATKA, FL 32177**

Mailing Address  
**222 NORTH THIRD ST  
PALATKA, FL 32177**



02022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2964332**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HOLMES, DONALD E  
222 NORTH THIRD ST.  
PALATKA, FL 32177**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOODARD, RICHARD 413 ST JOHNS AVE PALATKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KNOX, JOHN RT 1 BOX 137-A SAN MATEO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DE ROSSETT, RONNIE 413 ST JOHNS AVE PALATKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALLS, J. ROBERT II 255 DAVIS LAKE RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT MULLINS, JAMIE 413 ST. JOHNS AVE. PALATKA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ORR, MICHAEL 127 RIO VISTA AVE EAST PALATKA, FL 32131

000000058106  
02/20/04-80016-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.13.04 325-3116