## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2007 08:00 AM Secretary of State

	WILLIAM T	CEI OILI	<del>,</del>	, t	Cacratary of Stata	
DOCUMENT # 724380  1. Entity Name ROY ROAD HUNTING CLUB, INC.				Secretary of State		
Principal Plac 222 NORTH PALATKA, FL	THIRD ST	Mailing Address 222 NORTH THIRD ST PALATKA, FL 32177		Manage Ma		
E	OO NOT WRITE I	N THIS SPA	CE	01032007 4. FEI Numb 59-296	No Chg-NP	
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: Noed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when constating)  DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>		.00 May Be led to Fees	U00000612425 02/02/07-80106-005 61.25	
10. OFFICERS AND DIRECTORS						
INTLE NAME STRILLI ADDRESS CITY-ST-ZIP	PD WOODARD, RICHARD 413 ST JOHNS AVE PALATKA, FL					
INLE NAME STREET ADDRESS CITY-ST-ZIP	V KNOX, JOHN RT 1 BOX 137-A SAN MATEO, FL			—	. <u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE ROSSETT, RONNIE 413 ST JOHNS AVE PALATKA, FL		DO NOT WRITE			
IRLE NAME STREET ADDRESS CHY-ST-ZIP	S WALLS, J. ROBERT II 255 DAVIS LAKE RD PALATKA, FL 32177			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MULLINS, JAMIE 413 ST. JOHNS AVE. PALATKA, FL					

12. I hereby certify that the information supplied with this filling 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

ORR, MICHAEL

127 RIO VISTA AVE EAST PALATKA, FL 32131

IIILE NAME

STREET ADDRESS

C DEROSS

7 20/07 Date

Daytime Phone #