


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 728395	
1. Entity Name GATOR SKEET AND TRAP CLUB, INC.	

Principal Place of Business 5202 NE 46TH AVE GAINESVILLE, FL 32609-1614	Mailing Address 5202 NE 46TH AVE GAINESVILLE, FL 32609-1614
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7068407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PETTENGILL, JAMES E 2015 NW 19TH LANE GAINESVILLE, FL 32605

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000126306 04/23/04-80028-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT 2817 NW 31ST AVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRLUCZEK, JOHN P 5528 NW 45TH LANE GAINESVILLE, FL 326064388
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRUCZEK, JOHN P 5528 NW 45TH LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYSDEK, KAREN 2901 SW 41ST ST APT 3616 OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, SCOTT PO BOX 404 EVINSTON, FL 32633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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: John P. Kruczek (Treas) John P. Kruczek **352392123**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #