

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 731508

1. Entity Name

DINNER ISLAND HUNTING LODGE, INC.



Principal Place of Business

P.O. BOX 1331
E. PALATKA FL 32131

Mailing Address

P.O. BOX 1331
E. PALATKA FL 32131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1456989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLANT, CARL
305 MOONSTONE DR
E. PALATKA FL 32131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	H CARL PLANT	
STREET ADDRESS	305 MOONSTONE DR	
CITY- ST- ZIP	E PALATKA FL 32131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REVELS, MICHAEL	
STREET ADDRESS	724 BOX 142 B	
CITY- ST- ZIP	SAN MATEO FL 32187	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, MIKE	
STREET ADDRESS	5100 STOLE RT 206	
CITY- ST- ZIP	ELKTON FL 32033	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNES, DALE	
STREET ADDRESS	7470 COWDEN BRANCH RD	
CITY- ST- ZIP	ELKTON FL 32033	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATHIS, JOHN	
STREET ADDRESS	BOX 743	
CITY- ST- ZIP	HASTINGS FL 32145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

H. Carl Plant *H. CARL PLANT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Date

3863280292

Daytime Phone #