


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90821 020 \*\*\*\*61.25

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # 740398</b><br>1. Entity Name<br><b>RATTLESNAKE AND GOPHER ENTHUSIASTS, INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br>P.O. BOX 127<br>SAN ANTONIO, FL 33576   |  |  | Mailing Address<br>P.O. BOX 127<br>SAN ANTONIO, FL 33576 |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |   |  |
| City & State   |  | City & State   |  | 4. FEI Number<br><b>59-2264300</b>  |  |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>NEWLON, JOSEPH A</b><br><b>32939 COLLEGE AVE.</b><br><b>SUITE 314</b><br><b>SAN ANTONIO, FL 33576</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>NEWLON, JOSEPH A</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12146 CURLEY ST.</b><br>City <b>SAN ANTONIO</b> FL <b>33576</b> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GREIF, AMY<br>32608 PENNSYLVANIA AVE<br>SAN ANTONIO, FL 33576 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | PD<br>FIRST, GREG<br>37320 HICKORY HILL LANE<br>DADE CITY, FL 33525   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>SCHMITT, JOHN G<br>P.O. BOX 425<br>SAN ANTONIO, FL 33576     | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | VD<br>BRENDA RUBIO<br>27427 RADLOFF LANE<br>DADE CITY, FL 33525   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>GREIF, JOHN<br>32603 PENNSYLVANIA AVE<br>SAN ANTONIO, FL     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>HICKS, MICHELE<br>27507 HOLIDAY DR<br>DADE CITY, FL 33525    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HERRMANN, ERIC<br>12929 HERRMANN ROAD<br>SAN ANTONIO, FL      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SESSA, SAM<br>12051 CURLEY ST<br>SAN ANTONIO, FL 33576        | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing 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. |  |  |  |   |  |
| <b>SIGNATURE:</b> <u>John T. Greif</u> <b>John T. Greif</b>  |  |  | <u>4/25/07</u> <b>352 558-2207</b>                       |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>                      |   |  |

40092242



04252007 Chg-NP CR2E037 (12/06)