


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 757769 1. Entity Name CAT CREEK SPORTSMAN ASSOCIATION, INC.	
--	---

Principal Place of Business 2721 E. HWY 390 P.O. BOX 328 LYNN HAVEN, FL 32444 US	Mailing Address PO BOX 328 P.O. BOX 328 LYNN HAVEN, FL 32444 US
--	---



04142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PETERSON, LARRY 2721 E. HWY 390 LYNN HAVEN, FL
--

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's signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYANT, ROWLETT W 233 S COVE TERRACE DRIVE PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PETERSON, LARRY 2721 E HWY 390 LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST PETERSON, LARRY JR. 2721 E HWY 390 LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, HARRY JR. 2230 AMHURST STREET LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERSON, LARRY JR. 2721 E HWY 390 LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U000000316667
04/19/05-80083-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer-like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Larry Peterson, President	4-14-05 Date	850-271-3881 Daytime Phone #
---	------------------------	--