

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759880

FILED
Mar 19, 2009
Secretary of State

Entity Name: PICKET LAKE HUNT CLUB, INC.

Current Principal Place of Business:

10203 SE CR 405
BRANFORD, FL 32008 US

New Principal Place of Business:

Current Mailing Address:

10203 SE CR 405
BRANFORD, FL 32008 US

New Mailing Address:

FEI Number: 59-2996255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, JACK
10305 SE CR 405
BRANFORD, FL 32008 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BYRD, JACK,
Address: 10305 SE CR 405
City-St-Zip: BRANFORD, FL

Title: V () Delete
Name: BYRD, J. W
Address: 583 NE CR 410
City-St-Zip: MAYO, FL 32066

Title: ST () Delete
Name: BENITA BYRD,
Address: 1327 NE MANDARIN ROAD
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: BYRD, EARL
Address: 2252 NE JEFF WALKER ROAD
City-St-Zip: BRANFORD, FL 32008

Title: D () Delete
Name: ADAMS, DOYLE,
Address: RT 1, BOX 32-A
City-St-Zip: BRANFORD, FL 32008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENITA BYRD

ST

03/19/2009

Electronic Signature of Signing Officer or Director

Date