


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

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 765845 1. Entity Name PERRY HUNTING CLUB INC.	
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Principal Place of Business POST OFFICE BOX 60276 JACKSONVILLE, FL 32219	Mailing Address POST OFFICE BOX 60276 JACKSONVILLE, FL 32219
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04242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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 CASTLEBERRY, JOHN W 8891 PAXTON ROAD JACKSONVILLE, FL 32219
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**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 _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when rechartering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP DOUGLAS, CARL 11301 YOUNG RD. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP MCCOURTY, R. WAYNE SR 12709 GINGER DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY ST ZIP	DST CASTLEBERRY, JOHN W JR 8891 PAXTON RD JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY ST ZIP	
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TITLE NAME STREET ADDRESS CITY ST ZIP	

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05/04/05-80119-015 61.25

**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 I/we empowered.

SIGNATURE: *John W. Castleberry Jr* 4/19/05 904 766 3340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Joint Tel Phone #