

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90033 039 \*\*\*\*61.25

<b>DOCUMENT # 766919</b> 1. Entity Name SHIRED ISLAND HUNTING CLUB, INC.			
Principal Place of Business CHRIS OSTEEN P.O. BOX 1572 CROSS CITY, FL 32628		Mailing Address CHRIS OSTEEN P.O. BOX 1572 CROSS CITY, FL 32628 US	
2. Principal Place of Business Ronnie Edmonds Suite, Apt. #, etc. PO Box 906 City & State Cross City, FL Zip 32628 Country US		3. Mailing Address Ronnie Edmonds Suite, Apt. #, etc. PO Box 906 City & State Cross City, FL Zip 32628 Country US	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  OSTEEN, CHRIS R CEDAR LANE CROSS CITY, FL 32628		7. Name and Address of New Registered Agent Name Ronnie Edmonds Street Address (P.O. Box Number is Not Acceptable) 190 SE 15th Ave. City Cross City FL Zip Code 32628	
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 <u>Ronnie Edmonds</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Ronnie Edmonds</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDMONDS, JAMES R P.O. BOX 906, HORSHOE ROAD CROSS CITY, FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OVERSTREET, LOUIS PO BOX 257 NA, LAKE RD TRENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSTEEN, CHRIS P.O. BOX 1572 CEDAR LANE CROSS CITY, FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, HERBERT PO BOX 533 NA, SANDERS CIR CROSS CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, J D PO BOX 485 NA, HORSESHOE RD CROSS CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDS, TIMMY P.O. BOX 1241 AKINS STREET CROSS CITY, FL 32628 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <u>Ronnie Edmonds</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Ronnie Edmonds</u> <small>Date</small>	
5/17/05		352-498-5497 <small>Daytime Phone #</small>	