


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90009 006 ****61.25

DOCUMENT # 768026		
1. Entity Name CALIFORNIA SWAMP HUNTING CLUB, INC.		

50001958

Principal Place of Business P.O. BOX 546 CHAVOUS ROAD CROSS CITY, FL 32628	Mailing Address P.O. BOX 546 CHAVOUS ROAD CROSS CITY, FL 32628
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2. Principal Place of Business <i>P.O. Box 546</i>	3. Mailing Address <i>P.O. Box 546</i>
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Suite, Apt. #, etc. <i>99 NE 121 Street</i>	Suite, Apt. #, etc. <i>99 NE 121 Street</i>
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City & State <i>Cross City, FL</i>	City & State <i>Cross City, FL</i>
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Zip <i>32628-0546</i>	Country <i>Dixie</i>	Zip <i>32628-0546</i>	Country <i>Dixie</i>
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01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2330789	Applied For 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	7. Name and Address of New Registered Agent
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HUNT, RONNIE 201 SE CL GOODSON ROAD OLD TOWN, FL 32680
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Name <i>Hunt, Ronnie</i>
Street Address (P.O. Box Number is Not Acceptable) <i>215 SE 653 Street</i>
City <i>Old Town</i>
FL Zip Code <i>32680</i>

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 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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, LARRY HC 3 BOX 347 NOAH LORD ROAD OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lord, Larry</i> <i>476 Kevin Drive</i> <i>Orange Park, FL 32073</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, THOMAS 8369 SW 80TH AVE TRENTON, FL 32693 <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 BELLOT, ARTHUR HC 3 BOX 459 W CR 55A OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bellet, Arthur</i> <i>188 SE 55A HWY</i> <i>Old Town, FL 32680-4114</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, DELL PO BOX 225 S CR 55A 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	<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	<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: *Arthur Bellet* 1/10/05 352-498-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #