


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90011 050 \*\*\*\*61.25

<b>DOCUMENT # 768026</b>			
1. Entity Name <b>CALIFORNIA SWAMP HUNTING CLUB, INC.</b>			
Principal Place of Business <b>P.O. BOX 546 99 NE 121 STREET CROSS CITY, FL 32628-0546</b>		Mailing Address <b>P.O. BOX 546 99 NE 121 STREET CROSS CITY, FL 32628-0546</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2330789</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HUNT, RONNIE</b> <b>215 SE 653 STREET</b> <b>OLD TOWN, FL 32680</b> <i>Vice President / Director</i>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agents signature required when renewing)</small>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> 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 <b>D President/Director</b> <b>LORD, LARRY</b> <b>478 KEVIN DR</b> <b>ORANGE PARK, FL 32073</b>	<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 <b>D</b> <b>BRYANT, THOMAS</b> <b>8369 SW 80TH AVE</b> <b>TRENTON, FL 32693</b>	<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 <b>STD</b> <b>BELLOT, ARTHUR</b> <b>188 SE 55A HWY</b> <b>OLD TOWN, FL 326804114</b>	<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 <b>D</b> <b>PEACOCK, DELL</b> <b>PO BOX 225 S CR 55A</b> <b>CROSS CITY, FL 32628</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Vice President / Director</b> <b>Hunt, Ronnie</b> <b>215 SE 653 STREET</b> <b>OLD TOWN, FL 32680</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Archie Lee</b> <b>P.O. Box 1020 - 10 N Randall Keen Road</b> <b>Cross City, FL 32628-1020</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Roger Storey</b> <b>P.O. Box 1314 2010 W. Boundary Road</b> <b>Cross City, FL 32628-1314</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Arthur Bellot</i>		Date <b>2/11/06</b> 352-498-1426 Daytime Phone #	

66003036



01112006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66603036

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

CALIFORNIA SWAMP HUNTING CLUB, INC.  
P.O. BOX 546  
99 NE 121 STREET  
CROSS CITY, FL 32628-0546

Subject: CALIFORNIA SWAMP HUNTING CLUB, INC.

Reference Number: 768026

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

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Secretary/Treasurer

P.O. BOX 6327 - Tallahassee, Florida 32314