2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State
04-11-2007 90019 015 ****61.25

DOCUMENT # 768992

1. Entity Name

HITCHING POST CO-OP, INC.

Principal Place of Business	Mailing Address
32 CHEYENNE TRAIL NAPLES FL 33962	32 CHEYENNE TRAIL NAPLES FL 33962

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2369192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, SCOTT
240 S. PINEAPPLE AVE.
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 ESKRIDGE, RICHARD O 2 NATCHEZ TRL NAPLES FL 34113	☐ Delete SAME	VICE PRESIDENT KENNETH G. MUNGER 2 OREGON TRAIL NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, DONALD J 21 ABILENE TRL NAPLES FL 34113	☒ Delete	TREASURER CHARLES ABRAMS 11 NATCHEZ TRAIL NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES MUNGER, KENNETH 2 OREGON TRL NAPLES FL 34113	☒ Delete	ASSISTANT TREASURER KEVIN GALLAGHER 17 SPANISH TRAIL NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEEFRY, JIMMY L 22 ABILENE TRAIL NAPLES FL 34113	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, JAMES JR 20 PECOS TRAIL NAPLES FL 34113	☒ Delete	DIRECTOR GORDON MC INTYRE 2 OSAGE TRAIL NAPLES, FL 34113	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SLOSS, BETTY 105 BAREFOOT WILLIAMS RD NAPLES FL	☐ Delete SAME		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard Eskridge Mar 29 2007 239-774-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #