


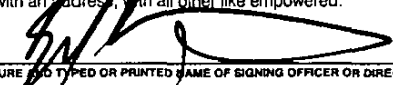
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90258 046 ***150.00

20045743



DOCUMENT # 816487					
1. Entity Name DUCKHAVEN GUN CLUB, INC.					
Principal Place of Business 314 GORDON AVE THOMASVILLE, GA 31792 US			Mailing Address C/O BERNARD LANIGAN 314 GORDON AVE THOMASVILLE, GA 31792 US		
2. Principal Place of Business		3. Mailing Address		04222005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-0961019	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBINSON, BRYAN DAVID 712 N. RIDE TALLAHASSEE, FL 32303				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC COLLUM, JIM			NAME	
STREET ADDRESS	105 CHUKKARS DR			STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, BRYAN, D			NAME	
STREET ADDRESS	712 N RIDE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSLEY, DAVID			NAME	
STREET ADDRESS	7069 CARMEL DRIVE			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIGAN, BERNARD			NAME	
STREET ADDRESS	314 GORDON DR			STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 31792			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, DAVID			NAME	
STREET ADDRESS	515 WILDWOOD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE, GA 31792			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 607, 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: 				Date: 4-21-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	