

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90169 024 ***150.00

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 LOMIAR 314 GORDON AVE THOMASVILLE, GA 31792 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address c/o Bernard Lanigan, Jr. 314 Gordon Avenue Suite, Apt. #, etc. City & State Thomasville, GA 31792 Zip Country		<div style="font-size: 1.2em; font-weight: bold;">40026355</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 03032006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 4. FEI Number 58-0961019 Applied For <input type="checkbox"/> Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent ROBINSON, BRYAN DAVID 712 N. RIDE TALLAHASSEE, FL 32303				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DV MC COLLUM, JIM 105 CHUKKARS DR THOMASVILLE, GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomasville, GA 31792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, BRYAN, D 712 N RIDE TALLAHASSEE, FL 32303	<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	S ANSLEY, DAVID 7069 CARMEL DRIVE TALLAHASSEE, FL 32308	<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	T LANIGAN, BERNARD 314 GORDON DR THOMASVILLE, GA 31792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 314 Gordon Avenue Thomasville, GA 31792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORR, DAVID 515 WILDWOOD DRIVE THOMASVILLE, GA 31792	<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 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-4-06 Daytime Phone #		