

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90006 043 \*\*\*150.00

**DOCUMENT # F02000003557**

1. Entity Name

EXECUTIVE HUNTING ADVENTURES, INC.



Principal Place of Business

30400 CR 833  
CLEWISTON FL 33440

Mailing Address

30400 CR 833  
CLEWISTON FL 33440



2. Principal Place of Business - No P.O. Box #

28965 OBERN ROAD

Suite, Apt. #, etc.

3. Mailing Address

28965 OBERN ROAD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

CLEWISTON, FL

City & State

CLEWISTON, FL

4. FEI Number

01-0694459

Applied For

Not Applicable

Zip

33440

Country

U.S.A.

Zip

33440

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLEMONS, MARK V  
30400 CR 833  
CLEWISTON FL 33440

7. Name and Address of New Registered Agent

Name **MARK V. CLEMONS**

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

28965 OBERN ROAD

City **CLEWISTON**

**FL**

Zip Code

**33440**

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

1/31/07

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PCS  
CLEMONS, MARK V  
30400 CR 833  
CLEWISTON FL 33440 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
28965 OBERN ROAD  
CLEWISTON, FL 33440 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

863-983-8999

Daytime Phone #