2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 27, 2006 08:00 AM DOCUMENT # F64874 **Secretary of State** 1. Entity Name HAW CREEK HUNT CLUB, INC. ... Mailing Address Principal Place of Business PO BOX 949 UMATILLA FL 32784 279 SO CENTRAL AVE UMATILLA FL 32784 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-2313612 Not Applicab! Zip Country \$8.75 Additional Zιο Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HASLEY, DOUGLAS E. Street Address (P.O. Box Number is Not Acceptable) **43 MEBANE STREET** P. O. BOX 949 UMATILLA FL 32784 City 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 Signature typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE)S \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addin ☐ Change ☐ Defete TITLE VAUGHN, CE JR NAME NAME U00000403019 02/03/06-80032-002 150.00 STREET ADDRESS STREET ADDRESS 185 E LAKEVIEW DR CITY-ST-ZIP COTY-ST-ZIP UMATILLA, FL 00000 Addition ☐ Delete TITLE Change Change TITLE DRURY, WINSTON NAME NAME STREET ADDRESS NORTH HWY 11 STREET ADDRESS CITY-ST-ZIP CITY-ST-718 DELEON SPRINGS FL ☐ Adam Delete TITLE ☐ Change TITLE NAME NAME CAMPBELL, RICK STREET ADDRESS STREET ADDRESS HWY 452 CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL Change Addition TD ☐ Delete TITLE BILLE HASLEY, DOUGLAS E. NAME STREET ADDRESS 43 MEBANE STREET STREET ADDRESS UMATILLA FL CITY-ST-ZIP CITY-ST-ZIP □ Admir ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST- ZIP ☐ Change Addisin Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is 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 thustee 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.

Douglas E. Hasley

NING OFFICER OR DIRECTOR

1-Keston

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE: と

352-669-2146

Daytime Phone #

January 18, 2006

Date