




# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # H96519</b> 1. Entity Name <b>F. &amp; C. HUNTING CLUB, INC.</b>					
Principal Place of Business <b>C/O DRAWDY CONSTRUCTION CO. 10201 LANTANA RD. LAKE WORTH, FL 33467 US</b>			Mailing Address <b>10201 LANTANA RD. LAKE WORTH, FL 33467 US</b>		
2. Principal Place of Business <b>632 Carnation Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>632 Carnation Court</b> Suite, Apt. #, etc.			
City & State <b>Wellington, FL</b>		City & State <b>Wellington, FL</b>		4. FEI Number <b>59-2715002</b>	
Zip <b>33414</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DRAWDY, CHARLES D. 10201 LANTANA RD. LAKE WORTH, FL 33467</b>				7. Name and Address of New Registered Agent Name <b>NICK J. YACBUCCI</b> Street Address (P.O. Box Number is Not Acceptable) <b>632 Carnation Court</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>	
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 		<b>Nick J. Yacucci</b>		<b>5/31/06</b>	
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>DRAWDY, JAMES R.</b> <b>10201 LANTANA RD.</b> <b>LAKE WORTH, FL 33467</b>	<input checked="" 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	<b>VS</b> <b>DRAWDY, CHARLES D.</b> <b>10201 LANTANA RD.</b> <b>LAKE WORTH, FL 33467</b>	<input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nick J. Yacucci</b> <b>D/P/S/T</b> <b>632 Carnation Court</b> <b>Wellington, FL 33414</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000077079400</b> <b>07/06/06--01041--006 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>206/29</b>	
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: 			<b>Nick J. Yacucci</b>		<b>5/31/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # <b>561-753-6050</b>

**FILED**

**06 JUN 26 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**05302006 Chg-P CR2E034 (11/05)**