

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # J84180**

1. Entity Name  
EAST CREEK HUNTING CLUB, INC.



**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
% NANCY R. COX  
1402 W. ZARRAGOSSA ST.  
PENSACOLA, FL 32501

Mailing Address  
% NANCY R. COX  
1402 W. ZARRAGOSSA ST.  
PENSACOLA, FL 32501



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2831835 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COX, NANCY R.  
1402 W. ZARRAGOSSA ST.  
PENSACOLA, FL 32501

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	COX, NANCY R.
STREET ADDRESS	1402 W. ZARRAGOSSA ST.
CITY- ST- ZIP	PENSACOLA, FL 32501
TITLE	P
NAME	COX, CHRISTOPHER K
STREET ADDRESS	1402 W ZARRAGOSSA ST
CITY- ST- ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000003041  
01/20/04-80090-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Nancy R. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-15-04*  
Date

Daytime Phone #