


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # J84180 1. Entity Name EAST CREEK HUNTING CLUB, INC.	
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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
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03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2831835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COX, NANCY R. 1402 W. ZARRAGOSSA ST. PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COX, CHRISTOPHER K 1402 W ZARRAGOSSA ST PENSACOLA, FL 32501
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03/20/07-80043-010 150.00

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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: Nancy Cox Date: 3-1-07 Daytime Phone #: (850)433-6302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR