


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90020 040 \*\*\*\*61.25

<b>DOCUMENT # N00000003419</b>	
1. Entity Name <b>PINE BAY SPORTSMAN CLUB, INC.</b>	

Principal Place of Business <b>P.O. BOX 362 WILLISTON FL 32696</b>	Mailing Address <b>P.O. BOX 362 WILLISTON FL 32696</b>
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2. Principal Place of Business <b>1018 Seedevea Street</b>	3. Mailing Address <b>1018 Seedevea Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Clearwater, Florida</b>	City & State <b>Clearwater, Florida</b>
Zip <b>33755</b>	Country <b>USA</b>
Zip <b>33755</b>	Country <b>USA</b>



MOORE CR2E037 (11/03)

4. FEI Number <b>59-3648490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BATSFORD, EDWARD T 1231 KAPP DRIVE CLEARWATER FL 33765</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WARD, STEVEN</b> <input checked="" type="checkbox"/> Delete <b>18551 NE 60TH ST WILLISTON FL 32696</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PEIRSON, TOM JR</b> <b>8630 E HWY 25 BELLEVIEW FL 34420</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MILLER, LEE</b> <b>PO BOX 171 DURANT FL 33530</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BATSFORD, EDWARD</b> <b>1018 SEDEEVA ST CLEARWATER FL 33755</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>HOUSTON, MARK</b> <b>1053 CAVERN DRIVE APOPKA FL 32712</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Batsford, Edward</b> <b>1018 Seedevea Street Clearwater, Florida 33755</b>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Miller, Jason</b> <b>7729 58th Street North Pinellas Park, Florida 33781</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Johnson, Charles</b> <b>2290 Capri Drive Clearwater, Florida 33763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:**  **Charles B. Johnson** **February 27, 2004** **727-430-2371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #