


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N00000003419 1. Entity Name PINE BAY SPORTSMAN CLUB, INC. |  |
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| Principal Place of Business 1018 SEEDEVA STREET CLEARWATER, FL 33755 | Mailing Address 1018 SEEDEVA STREET CLEARWATER, FL 33755 |
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01092006 No Chg-NP CR2E037 (11/05)

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

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| 6. Name and Address of Current Registered Agent BATSFORD, EDWARD T 1231 KAPP DRIVE CLEARWATER, FL 33765 |
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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 _____

Filing Fee is \$81.25 Due by May 1, 2006

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 | P BATSFORD, EDWARD 1018 SEEDEVA STREET CLEARWATER, FL 33755 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEIRSON, TOM JR 8630 E HWY 25 BELLEVIEW, FL 34420 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, LEE PO BOX 171 DURANT, FL 33530 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLER, JASON 7729 58TH STREET N. PINELLAS PARK, FL 33781 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD JOHNSON, CHARLES 2290 CAPRI DR. CLEARWATER, FL 33763 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1100000393212
 01/25/06-80011-022 \$1.25

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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 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 Johnson **CHARLES JOHNSON** 1-17-06 727-430-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #