


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003419 1. Entity Name PINE BAY SPORTSMAN CLUB, INC.	
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1018 SEEDEVA STREET CLEARWATER, FL 33755	Mailing Address 1018 SEEDEVA STREET CLEARWATER, FL 33755
----------------------------------------------------------------------------	----------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3648490	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

BATSFORD, EDWARD T
 1231 KAPP DRIVE
 CLEARWATER, FL 33765

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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 RATLIFF, KENNETH 130 GRASSY LANE PALATKA, FL 32177
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	

U00000819623
 02/15/08-80090-019 61.25

DO NOT WRITE IN THIS SPACE

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** *2-4-08* **727-430-2871**

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