


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004414</b>	
1. Entity Name JAMESTOWN HUNTING CLUB, INC.	

Principal Place of Business 1790 BENNETT RD ST AUGUSTINE, FL 32092	Mailing Address 1790 BENNETT RD ST AUGUSTINE, FL 32092
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**DO NOT WRITE IN THIS SPACE**



08252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3623028	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

O'CONNELL, W. HENRY  
2200 N. PONCE DE LEON BLVD STE 10  
ST AUGUSTINE, FL 32084

**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 \_\_\_\_\_

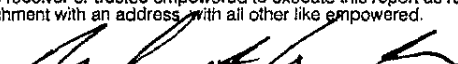
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000377467 08/31/05-80003-010 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODEN, MARK A 1790 BENNETT RD ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, VERNON 605 FAVER DYKES RD ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, MARK 1665 WOODLAWN RD ST AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALLEN, TOMMY 2500 CABBAGE HAMMOCK ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:**  **8-25-05 904-669-0737**

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