


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000004414</b> 1. Entity Name <b>JAMESTOWN HUNTING CLUB, INC.</b>	
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Principal Place of Business <b>1790 BENNETT RD ST AUGUSTINE, FL 32092</b>	Mailing Address <b>1790 BENNETT RD ST AUGUSTINE, FL 32092</b>
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02082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3623028</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>O'CONNELL, W. HENRY 2200 N. PONCE DE LEON BLVD STE 10 ST AUGUSTINE, FL 32084</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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	<b>DP RODEN, MARK A 1790 BENNETT RD ST AUGUSTINE, FL 32092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WILSON, VERNON 605 FAVER DYKES RD ST AUGUSTINE, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV TAYLOR, MARK 1685 WOODLAWN RD ST AUGUSTINE, FL 32095</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST ALLEN, TOMMY 2500 CABBAGE HAMMOCK ST AUGUSTINE, FL 32092</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671331  
03/28/07-80026-003 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #