


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003727 1. Entity Name BAY LAKE CONSERVATION, FISHING, & HUNTING, INC.	
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Principal Place of Business PO BOX 985 FT MCCOY, FL 32134-0985	Mailing Address PO BOX 985 FT MCCOY, FL 32134-0985
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DO NOT WRITE IN THIS SPACE



07222004 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

**RYALS, RAY
6314 N BLACK DAIRY RD
SEFFNER, FL 33584**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYALS, RAY PO BOX 985 FT MCCOY, FL 321340985
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDRON, JOHN PO BOX 202 ORANGE SPRINGS, FL 321820202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNER, RICK PO BOX 443 FORT MC COY, FL 32134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RYALS, JERRY 6314 N BLACK DAIRY RD SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTZNER, CHARLIE 17008 MELBA LANE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDRON, JIMMY FT L BOX 6000 FT MCCOY, FL 32134

**DO NOT WRITE
IN THIS SPACE**

U000000169209
08/02/04-80015-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____