

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004456

FILED
Jan 19, 2004
Secretary of State

Entity Name: HARRELL REID HUNTING LEASE, INC.

Current Principal Place of Business:

910 NW HWY 41
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

PO BOX 1526
JASPER, FL 32052

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSTON, MICHAEL D
910 NW HWY 41
JASPER, FL 32052

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REID, HARRELL
Address: PO BOX 92
City-St-Zip: JASPER, FL 32052

Title: VD () Delete
Name: HUSTON, MICHAEL D
Address: PO BOX 1526
City-St-Zip: JASPER, FL 32052

Title: SD () Delete
Name: STRICKLAND, GARY
Address: RT 15 BOX 3776
City-St-Zip: LAKE CITY, FL 32024

Title: T () Delete
Name: ELLIS, DON
Address: PO BOX 627
City-St-Zip: FLORAL CITY, FL 34436

Title: T () Delete
Name: SOMMER, MICHAEL K
Address: PO BOX 244
City-St-Zip: BELLEVIEW, F; 34421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. HUSTON

VD

01/19/2004

Electronic Signature of Signing Officer or Director

Date