

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004456

FILED  
May 08, 2008  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**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 exemption stated 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 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

05/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date