


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 043 ****61.25

DOCUMENT # N01000004584	
1. Entity Name LAST CHANCE HUNT CLUB INC.	

Principal Place of Business RR 29 BOX 1866 LAKE CITY, FL 32024	Mailing Address RR 29 BOX 1866 LAKE CITY, FL 32024
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54054548

2. Principal Place of Business 574 SW ZIEGLER TERR Suite, Apt. #, etc. LAKE CITY FL. City & State	3. Mailing Address 574 SW ZIEGLER TERR Suite, Apt. #, etc. LAKE CITY FL. City & State
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04082004 Chg-NP CR2E037 (10/03)

Zip 32024	Country	Zip 32024	Country
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4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BEASLEY, WILLIAM B RR 29 BOX 1866 LAKE CITY, FL 32024	
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7. Name and Address of New Registered Agent Name BEASLEY, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 574 SW ZIEGLER TERR. City LAKE CITY FL Zip Code 32024	
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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 <u>William B. Beasley</u> DATE <u>5-9-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILMAN, VERNON 22630 37TH DR LAKE CITY, FL 32924 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLE, RONNIE 4950 CEDAR HAMMOCK CT FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROBLE, REX 8473 RIVER RD LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Elvin B. Stroble</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Elvin B. Stroble</u> 5-9-04 386 658 1180 <small>Date Daytime Phone #</small>

Attachment

#N01000004584
54054548

PLEASE MAKE NOTE OF ADDRESS
CHANGE, DUE TO NEW 911 ADDRESS
SYSTEM.

THANK YOU.