



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90096 004 ****61.25

DOCUMENT # N01000004584 1. Entity Name LAST CHANCE HUNT CLUB INC.					
Principal Place of Business 574 SW ZIEGLER TERR. LAKE CITY, FL 32024				Mailing Address 574 SW ZIEGLER TERR. LAKE CITY, FL 32024	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8473 River Rd.			
City & State LAKE CITY, FL		Suite, Apt. #, etc.		06092005 Chg-NP CR2E037 (10/03)	
City & State LAKE CITY, FL		City & State LAKE CITY, FL		4. FEI Number NOT APPLICABLE	
Zip 32024		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEASLEY, WILLIAM B 574 SW ZIEGLER TERR. LAKE CITY, FL 32024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILMAN, VERNON <input checked="" type="checkbox"/> Delete 22630 37TH DR LAKE CITY, FL 32924		TITLE NAME STREET ADDRESS CITY-ST-ZIP	I VEY JAMES <input type="checkbox"/> Change <input type="checkbox"/> Addition 2280 19th St SW NAPLES FL. 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EARLE, RONNIE <input type="checkbox"/> Delete 4950 CEDAR HAMMOCK CT FORT MYERS, FL 33905		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 <input type="checkbox"/> Delete 8473 RIVER RD LIVE OAK, FL 32060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I VEY JAMES <input type="checkbox"/> Delete 2280 19th St SW NAPLES FL. 34117		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: Rex Stroble Rex STROBLE 6-10-05 386 458 1180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					