

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90022 034 \*\*\*\*61.25

DOCUMENT # N01000004716

1. Entity Name

PETTIS SPRINGS WILDLIFE MANAGEMENT, INC.



Principal Place of Business

RT. 3 BOX 7M  
GREENVILLE FL 32321

Mailing Address

RT. 3 BOX 7M  
GREENVILLE FL 32321

2. Principal Place of Business

3. Mailing Address

651 N.W. Oriole Way

651 N.W. Oriole Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greenville, Florida

City & State

Greenville, Florida

Zip

32331

Country

Madison

Zip

32331

Country

Madison

4. FEI Number

59-3730767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONE, JAY A  
E. US HWY 90  
RT. 3 BOX 7 F  
GREENVILLE FL 32331

Name

Cone, Jay A

Street Address (P.O. Box Number is Not Acceptable)

651 N.W. Oriole Way

City

Greenville

FL

Zip Code

32331

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

Jay A. Cone

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	CONE, JAY	
STREET ADDRESS	RT 3 BOX 7F	
CITY-ST-ZIP	GREENVILLE FL 32321	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTMAN, DONNIE	
STREET ADDRESS	140 FRED WILLIAMS RD.	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTMAN, JIMMY	
STREET ADDRESS	5283 BRYANT RUSSELL RD.	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURRELL, DONALD	
STREET ADDRESS	3110 ELDERWOOD PLACE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUNYAN, MICHAEL	
STREET ADDRESS	P.O BOX 917	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cone, Jay	
STREET ADDRESS	651 N.W. Oriole Way	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pittman, Jimmy	
STREET ADDRESS	5283 Bryant Russell Rd.	
CITY-ST-ZIP	Perry, FL 32348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rowell, Art	
STREET ADDRESS	9070 Luther Wilson Rd.	
CITY-ST-ZIP	Greenville, FL 32331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jahn Collura	
STREET ADDRESS	12138 Cromwell Way	
CITY-ST-ZIP	Springhill, FL 34609	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Jay A. Cone Jay A Cone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

850-948-2877

Daytime Phone #