

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 033 ****61.25

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1. Entity Name

PETTIS SPRINGS WILDLIFE MANAGEMENT INC.



Principal Place of Business

651 N.W. ORIOLE WAY
GREENVILLE FL 32331

Mailing Address

651 N.W. ORIOLE WAY
GREENVILLE FL 32331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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
651 N.W. ORIOLE WAY
RT. 3 BOX 7 F
GREENVILLE FL 32331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	PS	<input type="checkbox"/> Delete
NAME	CONE, JAY	
STREET ADDRESS	651 N.W. ORIOLE WAY	
CITY-ST-ZIP	GREENVILLE FL 32331	

TITLE	V	<input type="checkbox"/> Delete
NAME	PITTMAN, DONNIE	
STREET ADDRESS	140 FRED WILLIAMS RD.	
CITY-ST-ZIP	PERRY FL 32347	

TITLE	T	<input type="checkbox"/> Delete
NAME	PITTMAN, TRACEY	
STREET ADDRESS	140 FRED WILLIAMS RD	
CITY-ST-ZIP	PERRY FL 32347	

TITLE	D	<input checked="" 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	ROWELL, ART	
STREET ADDRESS	9070 LUTHER WILSON RD.	
CITY-ST-ZIP	GREENVILLE FL 32331	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLURA, JOHN	
STREET ADDRESS	12138 CROMWELL WAY	
CITY-ST-ZIP	SPRING HILL FL 34609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Richard Rowell	
STREET ADDRESS	9085 Luther Wilson Rd.	
CITY-ST-ZIP	Greenville, FL 32331	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Runyan	
STREET ADDRESS	5470 Dayflower Circle	
CITY-ST-ZIP	Tallahassee, FL 32311	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Davis	
STREET ADDRESS	128 Grand Heron Dr.	
CITY-ST-ZIP	Panama City Beach 32407	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2/16/06

850-948-2877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR