2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01000004716

Entity Name: PETTIS SPRINGS WILDLIFE MANAGEMENT INC.

Current Principal Place of Business:

651 N.W. ORIOLE WAY
GREENVILLE, FL 32331

New Principal Place of Business:

Current Mailing Address:

651 N.W. ORIOLE WAY
GREENVILLE, FL 32331

New Mailing Address:

FEI Number: 59-3730767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONE, JAY A
651 N.W. ORIOLE WAY
RT. 3 BOX 7 F
GREENVILLE, FL 32331 US

Name and Address of New Registered Agent:

CONE, JAY A
651 N.W. ORIOLE WAY
GREENVILLE, FL 32331 US

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: JAY CONE 04/30/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FARRELL, RALPH
Address: 5577 KODIAK CT.
City-St-Zip: TALLAHASSEE, FL 32331

Title: V ( ) Delete
Name: PITTMAN, DONNIE
Address: 140 FRED WILLIAMS RD.
City-St-Zip: PERRY, FL 32347

Title: PS ( ) Delete
Name: CONE, JAY
Address: 651 NW ORIOLE WAY
City-St-Zip: GREENVILLE, FL 32331

Title: D ( ) Delete
Name: HENDERSON, SCOTT
Address: 18490 BLOXHAM CUROFF
City-St-Zip: TALLAHASSEE, FL 32310

Title: D ( ) Delete
Name: CHAMBERS, TONY
Address: 10825 AVEILLA RIVER RD
City-St-Zip: LAMONT, FL 32336

Title: D (X) Delete
Name: MURPHY, JOEY
Address: 119 PANGOLA DR. SW
City-St-Zip: WINTER HAVEN, FL 33880

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: D (X) Change ( ) Addition
Name: MURPHY, JOEY
Address: 119 PANGOLA DR. SW
City-St-Zip: WINTER HAVEN, FL 33880

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: JAY CONE PRES 04/30/2009
Electronic Signature of Signing Officer or Director — Date