


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004958
 1. Entity Name
BUCK LAKE HUNT CLUB, INC.



Principal Place of Business Mailing Address
4965 HARRISON RD. **4965 HARRISON RD.**
MIMS, FL 32754 **MIMS, FL 32754**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3733239 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUCIER, LEO R
4965 HARRISON ROAD
MIMS, FL 32754

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LUCIER, LEO R 4965 HARRISON RD. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HILDERBRAND, DONALD 25370 ANTLER ST. CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOUMEY, ROSANNE 5740 SEMINOLE ST. SCOTTSMOOR, FL 32775
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONAWAY, CYNTHIA B 4054 SWEET BAY DR. MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rosanne Toumey Rosanne Toumey 3/21/08 269-1261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #