


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 A
Secretary of State

DOCUMENT # N01000005548	
1. Entity Name BAKERS MILL HUNTING CLUB, INC.	

Principal Place of Business BAKERS MILL JASPER, FL 32052	Mailing Address 3480 GUERNSEY CT. JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



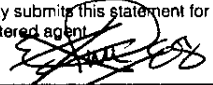
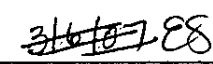
02222007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SULLIVAN, ERICH 3480 GUERNSEY CT. JACKSONVILLE, FL 32226
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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  

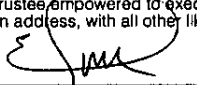
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000661717 03/20/07-80052-001 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SULLIVAN, ERICH 3480 GUERNSEY CT. JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S JEFFERSON, WAYNE D/S 19112 ALBERCORN PLACE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GODWIN, LON 606 ENGLISH OAKS DR. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  3/6/07 904.751.125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #