


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90036 005 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000008897	
<b>1. Entity Name</b> KEYSTONE HEIGHTS SPORTSMEN'S CLUB, INC.	

<b>Principal Place of Business</b> C/O KEYSTONE HEIGHTS AIRPORT 7080 AIRPORT ROAD STARKE FL 32091	<b>Mailing Address</b> POST OFFICE BOX 1482 KEYSTONE HEIGHTS FL 32656
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<b>2. Principal Place of Business - No P.O. Box #</b> 7080 Airport Rd.	<b>3. Mailing Address</b> P.O. Box 1482
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>

1st MOORE CR2E037 (10/06)

<b>City &amp; State</b> STARKE FL	<b>City &amp; State</b> Keystone Heights, FL
<b>Zip</b> 32091	<b>Zip</b> 32656
<b>Country</b> BRADKOV	<b>Country</b> CLAY

<b>4. FEI Number</b> 03-0387387	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  JAMES, CHARLES 789 SE 58TH ST KEYSTONE HEIGHTS FL 32656	<b>7. Name and Address of New Registered Agent</b>  Name: SAME Street Address (P.O. Box Number is Not Acceptable)  City: FL Zip Code
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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** CHARLES E. JAMES 3/27/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> HALL, JOHN R 7080 AIRPORT ROAD STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> DEVORE, STEVE 7080 AIRPORT ROAD STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> JAMES, CHARLIE 7080 AIRPORT ROAD STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HORWATH, PAUL 7080 AIRPORT ROAD STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MONTGOMERY, JIMMY 7080 AIRPORT ROAD STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> EDWARDS, CURTIS 7080 AIRPORT ROAD STARKE FL 32091 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** CHARLES E. JAMES 3/27/07 352 473-2511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #