2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02202

1. Entity Name
CITRUS SPORTSMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
901 N VENTURI AVE P.O. BOX 1484 CRYSTAL RIVER, FL 34423	901 N VENTURI AVE P.O. BOX 1484 CRYSTAL RIVER, FL 34423

DO NOT WRITE IN THIS SPACE

02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2724293
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, WILLIAM
901 N VENTURI AVE
CRYSTAL RIVER, FL 34429

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

Filing Fee is $61.25
Due by May 1, 2006

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

U00000433583
02/24/06-80021-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WILLIAMS, JOHN
STREET ADDRESS	413 N. VENTURI AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	D
NAME	LYONS, WILLIAM
STREET ADDRESS	901 N. VENTURI AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL
TITLE	SD
NAME	SMITH, JOE B
STREET ADDRESS	1630 N HWY 1
CITY-ST-ZIP	INVERNESS, FL
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: John H Williams CPA 2/10/06 352-795-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #