


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000001978</b> 1. Entity Name TOOL BAY HUNTING CLUB, INC.	
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Principal Place of Business HINES HWY. MAYO, FL 32066	Mailing Address P.O. BOX 257 MAYO, FL 32066
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<b>DO NOT WRITE IN THIS SPACE</b>
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01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3742961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WALKER, JEFF HINES HWY. 468 S.W. INDEPENDENCE RD. MAYO, FL 32066
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000664084 03/22/07-80030-012 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, JEFF HINES HWY. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRD, PAUL HINES HWY. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAWSON, BOBBY HINES HWY. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, RAYMOND HINES HWY. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMPKINS, MATT HINES HWY. MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKMAN, MICHAEL HINES HWY. MAYO, FL 32066

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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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3-7-07</b> Date	<b>386-294-4754</b> Daytime Phone #
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