


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000001978	
1. Entity Name TOOL BAY HUNTING CLUB, INC.	

Principal Place of Business HINES HWY. MAYO, FL 32066	Mailing Address P.O. BOX 257 MAYO, FL 32066
-------------------------------------------------------------	---------------------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, JEFF
HINES HWY.
468 S.W. INDEPENDENCE RD.
MAYO, FL 32066

**DO NOT WRITE
IN THIS SPACE**

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 reconstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-----------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

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

**DO NOT WRITE
IN THIS SPACE**

U00000800361
01/31/08-80014-011-61.25

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: *Jeff Walker President* *Jeff Walker* 1-23-08 386-294-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #