


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT #</b> N03000002852 <b>1. Entity Name</b> TRIPLE CREEK HUNTING CLUB, INC.	
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<b>Principal Place of Business</b> P.O. BOX 1777 MAYO, FL 32066	<b>Mailing Address</b> P.O. BOX 1777 MAYO, FL 32066
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03252006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 06-1635547	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  FRIER, BROWARD CARBUR LANE MAYO, FL 32066
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<b>DO NOT WRITE IN THIS SPACE</b>
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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** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000510974~M 04/29/06-80030-008 70.00~M</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	PD
<b>NAME</b>	FRIER, BROWARD
<b>STREET ADDRESS</b>	P.O. BOX 61
<b>CITY-ST-ZIP</b>	MAYO, FL 32066
<b>TITLE</b>	VD
<b>NAME</b>	ELLISON, STEVE
<b>STREET ADDRESS</b>	7509 PRETTY POND LANE
<b>CITY-ST-ZIP</b>	PERRY, FL 32348
<b>TITLE</b>	TD
<b>NAME</b>	NEWMAN, BILL
<b>STREET ADDRESS</b>	P.O. BOX 202
<b>CITY-ST-ZIP</b>	SALEM, FL 32356
<b>TITLE</b>	D
<b>NAME</b>	LAYTON, BOBBY
<b>STREET ADDRESS</b>	HCR 1 BOX 25
<b>CITY-ST-ZIP</b>	MAYO, FL 32066
<b>TITLE</b>	D
<b>NAME</b>	BOLES, BILLY
<b>STREET ADDRESS</b>	2032 FUSSEL RD.
<b>CITY-ST-ZIP</b>	POLK CITY, FL 33868
<b>TITLE</b>	S
<b>NAME</b>	FRIER, PATRICIA
<b>STREET ADDRESS</b>	P.O. BOX 61
<b>CITY-ST-ZIP</b>	MAYO, FL 32066

<b>DO NOT WRITE IN THIS SPACE</b>
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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:** Broward Frier **4/11/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #