

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90001 001 \*\*\*\*70.00

<b>DOCUMENT # N03000003246</b> 1. Entity Name <b>HINES HUNTING CLUB, INC.</b>					
Principal Place of Business <b>PO BOX 831 LIVE OAK, FL 32064</b>				Mailing Address <b>PO BOX 831 LIVE OAK, FL 32064</b>	
2. Principal Place of Business <b>399 NE 300th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 249</b> Suite, Apt. #, etc.			
City & State <b>Cross City, FL</b>		City & State <b>Cross City, FL</b>		4. FEI Number <b>04-3752927</b>	
Zip <b>32628</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VARNES, SHANNON T 13362 90TH CIRCLE LIVE OAK, FL 32060</b>		7. Name and Address of New Registered Agent Name <b>Varnes, Shannon T</b> Street Address (P.O. Box Number is Not Acceptable) <b>2718 Martin Lake Circle</b> City <b>Chipley</b> <b>FL</b> Zip Code <b>32428</b>			
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 <u><i>Shannon T. Varnes</i></u> <span style="float: right;">3/18/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSEY, JASPER FRED RURAL ROUTE 1 BOX 389 BRANFORD, FL 32008	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wendell Hurst 601 SE CR 357 Mayo, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNES, SHANNON T 13362 90TH CIRCLE LIVE OAK, FL 32060	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIELS, L. DWAYNE JR PO BOX 1474 CROSS CITY, FL 32628	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, BRENT 4297 NE CR 337 HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, THOMAS STANLEY PO BOX 561 NEWBERRY, FL 32669	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, DAVID MARK 20712 SW 30TH AVENUE NEWBERRY, FL 32669	<input type="checkbox"/> Delete		TITLE 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 exemption stated in Section 119.07(3)(i), 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: <u><i>Shannon T. Varnes</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/18/04 <small>Date</small>		(850) 773-6222 <small>Daytime Phone #</small>