


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90031 043 \*\*\*\*61.25

<b>DOCUMENT # N03000010989</b>					
1. Entity Name <b>DOC'S RAIDERS PAINTBALL CLUB, INC</b>					
Principal Place of Business <b>7410 BARRILL ROAD JAX, FL 32277</b>			Mailing Address <b>7410 BARRILL ROAD JAX, FL 32277</b>		
2. Principal Place of Business <b>2303 Shipwreck Dr</b>		3. Mailing Address <b>2303 Shipwreck Dr</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>03172005 Chg-NP CR2E037 (10/03)</b>	
Zip <b>32224</b>	Country <b>USA</b>	Zip <b>32224</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>JORGENSEN, MIKE 8787 SOUTHSIDE BLVD 5609 JAX, FL 32256</b>			7. Name and Address of New Registered Agent Name <b>Stephen Draper</b> Street Address (P.O. Box Number is Not Acceptable) <b>2303 Shipwreck Dr</b> City <b>Jacksonville FL</b> Zip Code <b>32224</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 <b>Stephen W Draper</b>		SIGNATURE <b>Step W Draper</b>		DATE <b>3/22/05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DRAPER, JOHN B</b>	NAME			
STREET ADDRESS	<b>2303 SHIPWRECK DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	CITY-ST-ZIP			
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DRAPER, BEN</b>	NAME			
STREET ADDRESS	<b>2303 SHIPWRECK DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	CITY-ST-ZIP			
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DRAPER, STEPHEN</b>	NAME			
STREET ADDRESS	<b>2303 SHIPWRECK DRIVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>	CITY-ST-ZIP			
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>JORGENSEN, MIKE</b>	NAME			
STREET ADDRESS	<b>8787 SOUTHSIDE BLVD, 5609</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <b>Stephen W Draper</b>		SIGNATURE <b>Step W Draper</b>		DATE <b>3/22/05</b> 904 2194293	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	