


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N04000003185	
1. Entity Name PUMPKIN PASTURE SPORTSMEN, INC.	

Principal Place of Business 10050 SOUTH HWY 97-A WALNUT HILL, FL 32568 US	Mailing Address 10050 SOUTH HWY 97-A WALNUT HILL, FL 32568 US
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4276483	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOHNSON, WE  
1200 SOUTH HWY 29  
CANTONMENT, FL 32533

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, WILLIAM E JR. 10050 SOUTH HWY 97-A WALNUT HILL, FL 32568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, WILLIAM E III 2371 LA-LAR LANE PENSACOLA, FL 32534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEONARD, BILL 3029 DESERT STREET PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000602439  
01/25/07-80090-009 70.00

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:** *William E Johnson* **1-17-07 1-858-969-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #