


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90103 044 \*\*\*\*61.25

<b>DOCUMENT # N04000010406</b> 1. Entity Name <b>GUS MCCLELLAN HUNTING CLUB, INC.</b>					
Principal Place of Business <b>16895 NW 23RD STREET BLOUNTSTOWN FL 32424 US</b>			Mailing Address <b>P. O. BOX 135 BLOUNTSTOWN FL 32424</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2703406</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCCLELLAN, GUS B 16895 NW 23RD STREET BLOUNTSTOWN FL 32424</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering))</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MCCLELLAN, GUS B</b> <b>16895 NW 23RD STREET</b> <b>BLOUNTSTOWN FL 32424</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MCCLELLAN, GUS T</b> <b>10440 MCCLELLAN/TRAYLOR ROAD</b> <b>CLARKSVILLE FL 32430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCCLELLAN, CHASE T</b> <b>10440 MCCLELLAN/TRAYLOR ROAD</b> <b>CLARKSVILLE FL 32430</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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>Gus B. McClellan</u> <span style="float: right;">4/04/05 850-694-8362</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



1st MOORE CR2E037 (10/04)