


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

FILED
Jan 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N13486 1. Entity Name BOGIA SWAMP HUNTING CLUB, INC. |  |
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| Principal Place of Business C/O DON WORD 180 W ROACH ROAD MC DAVID, FL 32568 US | Mailing Address C/O DON WORD 180 W ROACH ROAD MC DAVID, FL 32568 US |
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01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2965425 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WORD, DON 180 W ROACH ROAD MC DAVID, FL 32568 |
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IN THIS SPACE**

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 Don Word President DATE 1-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WORD, DON 180 W ROACH ROAD MC DAVID, FL 32568 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WARREN, HAROLD PO BOX 3409 MC DAVID, FL 32568 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCCAULEY, CLIFTON HWY 164 MCDAVID, FL 32560 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VP MCCAULEY, STEVE 861 HWY 164 MC DAVID, FL 32568 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/10/05-80048-022 70.00

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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: Don Word DON WORD DATE 1-7-05 DAYTIME PHONE # 850-895-5375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR