


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90032 048 ****61.25

DOCUMENT # N16387		
1. Entity Name RIVER HILL HUNTING CLUB, INC.		

Principal Place of Business C/O STEVE BRAY P.O. BOX 308 JAY, FL 32565 US	Mailing Address C/O STEVE BRAY P.O. BOX 308 JAY, FL 32565 US
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2. Principal Place of Business % Derek Bray Suite, Apt. #, etc. 5041 Vinson Ln City & State JAY, FL Zip 32565 Country Santa Rosa	3. Mailing Address % Derek Bray Suite, Apt. #, etc. 5041 Vinson Ln City & State JAY, FL Zip 32565 Country Santa Rosa
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06302005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent BRAY, STEVE 2892 MCDUFFIE LANE JAY, FL 32565	
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Derek Bray Street Address (P.O. Box Number is Not Acceptable) 5041 Vinson Ln City JAY FL Zip Code 32565	

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 Derek S. Bray DATE 6/30/05
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST BRAY, DEREK 6375 SLASH PINE RD JAY, FL 32565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Derek Bray 5041 Vinson Ln JAY, FL 32565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JIMMY 3110 PINE LEVEL CHURCH RD JAY, FL 32565 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Misty Bray 5041 Vinson Ln JAY, FL 32565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JERRY 12011 HWY 89 JAY, FL 32565 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levi Findley 14786 Hwy 89 JAY, FL 32565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JIMMY 2858 MEADOWBROOK LANE JAY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jimmy Burgess 3112 Bud Diamond Rd JAY, FL 32565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAY, STEVE 2892 MCDUFFIE LANE JAY, FL 32565 <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	VD CANNON, KEITH 4392 CURT LANE JAY, FL 32565 <input checked="" 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: Derek S. Bray Derek S. Bray 6/30/05 (850) 675-3398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #