


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N20614</b> 1. Entity Name <b>S &amp; W HUNTING CLUB, INC.</b>	
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Principal Place of Business <b>C/O FOY L. BEASLEY 4631 DEERFIELD DRIVE PENSACOLA FL 32526</b>	Mailing Address <b>C/O FOY L. BEASLEY 4631 DEERFIELD DRIVE PENSACOLA FL 32526</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

1st MOORE      CR2E037 (10/05)

4. FEI Number <b>59-2454495</b>	Applied For Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BEASLEY, FOY L.  
4631 DEERFIELD DRIVE  
PENSACOLA FL 32526**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	D BUTLER, JIMMY	TITLE	
NAME	3421 SNYDER DR	NAME	
STREET ADDRESS	MILTON FL 32571	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	PBUSH	TITLE	
NAME	BUSK, WILLIAM C	NAME	
STREET ADDRESS	3710 HWY 297-A	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	ST	TITLE	
NAME	BEASLEY, FOY L.	NAME	
STREET ADDRESS	4631 DEERFIELD DR.	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	D	TITLE	
NAME	PARSONS, DAVID	NAME	
STREET ADDRESS	1220 FINLEY DR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000439781  
03/02/06-80015-003 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.