


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90284 024 ****61.25

DOCUMENT # N25136	
1. Entity Name BUGUM BAY HUNTING CLUB, INC.	

Principal Place of Business HORESHOE BEACH ROAD P.O. BOX 879 CROSS CITY FL 32628	Mailing Address HORESHOE BEACH ROAD P.O. BOX 879 CROSS CITY FL 32628
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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
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4. FEI Number 59-2951741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKINNER, ROY 351 S CROSS CITY FL 32628
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	
TITLE PD	<input type="checkbox"/> Delete
NAME KNIGHT, DWIGHT	
STREET ADDRESS 351 S. HORSESHOE BCH RD	
CITY-ST-ZIP CROSS CITY FL	
TITLE STD	<input type="checkbox"/> Delete
NAME SKINNER, ROY	
STREET ADDRESS 351 S. HORSESHOE BCH RD	
CITY-ST-ZIP CROSS CITY FL	
TITLE D	<input type="checkbox"/> Delete
NAME BLANTON, MIKE	
STREET ADDRESS 9454 S. LONGBRANCH AVENUE	
CITY-ST-ZIP INVERNESS FL 34452	
TITLE D	<input type="checkbox"/> Delete
NAME THOMPkins, BILL	
STREET ADDRESS TRAILAND RD	
CITY-ST-ZIP FLORAL CITY FL 34436	
TITLE D	<input type="checkbox"/> Delete
NAME LAPERLE, DAVID	
STREET ADDRESS HWY 41 S	
CITY-ST-ZIP INVERNESS FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Roy Skinner **DATE:** 4/28/04 **DAYTIME PHONE #:** 352 498 2416