


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

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

04-06-2005 90103 024 ****61.25

DOCUMENT # N32320	
1. Entity Name TURKEY TOWN HUNTING CLUB, INC.	

Principal Place of Business 3262 WEST STATE ROAD 200 CALLAHAN FL 32011 US	Mailing Address 11536 WINGATE ROAD NORTH JACKSONVILLE FL 32218 US
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2. Principal Place of Business 451088 State Road 200	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Callahan, Florida	City & State
Zip 32011	Country Nassau
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MITCHELL, CHARLES A JR 3262 WEST STATE ROAD 200 CALLAHAN FL 32011		
7. Name and Address of New Registered Agent Name: Charles A. Mitchell Jr. Street Address (P.O. Box Number is Not Acceptable): 451088 State Road 200 City: Callahan FL Zip Code: 32011		

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: *Charles A. Mitchell Jr.* Charles A. Mitchell, Jr. 3-26-05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 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 PD	NAME MITCHELL, CHARLES A. <input type="checkbox"/> Delete	TITLE PD	NAME Mitchell, Jr., Charles A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3262 WEST STATE RD 200		STREET ADDRESS 451088 State Road 200	
CITY-ST-ZIP CALLAHAN FL 32011		CITY-ST-ZIP Callahan, FL 32011	
TITLE T	NAME GEIGER, RUSSELL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11536 WINGATE RD. N.		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP	
TITLE VP	NAME BOYNT, HARVEY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ROUTE 1, BOX 2245		STREET ADDRESS	
CITY-ST-ZIP HILLIARD FL		CITY-ST-ZIP	
TITLE SD	NAME HILGENBERG, GERRY <input checked="" type="checkbox"/> Delete	TITLE SD	NAME Cooper, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6315 CLARET DRIVE		STREET ADDRESS 1716 Mandarin Estate Drive	
CITY-ST-ZIP JACKSONVILLE FL		CITY-ST-ZIP Jacksonville, FL - 32223	
TITLE D	NAME DAVIS, ROBERT M. J <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ROUTE 5 BOX 9864		STREET ADDRESS	
CITY-ST-ZIP HILLIARD FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Charles A. Mitchell Jr.* Charles A. Mitchell, Jr. 3-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Hon 904) 879-3181
 (904) 838-3486