


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

FILED

**Feb 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # N35240 1. Entity Name PARRISH LAKE HUNTING CLUB, INC.		
Principal Place of Business 17577 MAIN ST. N BLOUNTSTOWN, FL 32424		Mailing Address 17577 MAIN ST. N BLOUNTSTOWN, FL 32424
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAYMOND, RUSSEL 17577 MAIN STREET N BLOUNTSTOWN, FL 33424		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERY, ROCKEY 20766 NE MACEDONIA RD. BLOUNTSTOWN, FL 32424	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, RUSSELL 1757 MAIN STREET BLOUNTSTOWN, FL 32424	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTFORD, HAROLD 1205 N. PEAR ST. BLOUNTSTOWN, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(f), 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: <u><i>Raymond D. Russell</i></u> <u>2/14/05</u> <u>(850) 674-5471</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02142005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/17/05-80050-004 61.25

**DO NOT WRITE
IN THIS SPACE**