


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90137 043 ****61.25

DOCUMENT # N35254 1. Entity Name LITTLE SWEETWATER HUNTING CLUB, INC.					
Principal Place of Business % DAVID E. PITTS 16629 SW CYPRESS ST. BLOUNTSTOWN, FL 32424			Mailing Address % DAVID E. PITTS 16629 SW CYPRESS ST BLOUNTSTOWN, FL 32424		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3011950	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PITTS, DAVID E. 1629 SW CYPRESS ST. BLOUNTSTOWN, FL 32424				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 _____					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, HENRY		NAME		
STREET ADDRESS	RT 1 BOX 358		STREET ADDRESS		
CITY - ST - ZIP	BRISTOL, FL 32321		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, DALE		NAME		
STREET ADDRESS	17765 NW CARDINAL DR.		STREET ADDRESS		
CITY - ST - ZIP	BLOUNTSTOWN, FL		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PULLAM, RHODEN		NAME		
STREET ADDRESS	20688 NE BERLINGTON RD.		STREET ADDRESS		
CITY - ST - ZIP	HOSFORD, FL 32334		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODENBERRY, STEVE		NAME		
STREET ADDRESS	19011 NW CR 67		STREET ADDRESS		
CITY - ST - ZIP	HOSFORD, FL 32334		CITY - ST - ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITTS, DAVID		NAME		
STREET ADDRESS	16629 SW CYPRESS ST		STREET ADDRESS		
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILFORD PULLAM		NAME		
STREET ADDRESS	20577 NE BERLINGTON RD.		STREET ADDRESS		
CITY - ST - ZIP	HOSFORD, FL 32334		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: <i>David E. Pitts</i> <i>David E. Pitts</i>			4-7-05 850-674-8774		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		