

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                                                                                        |                                                                                             |                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N35254</b><br>1. Entity Name<br><b>LITTLE SWEETWATER HUNTING CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                                                                                                        |                                                                                             |                                                                                        |  |
| Principal Place of Business<br><b>% DAVID E. PITTS<br/>16629 SW CYPRESS ST.<br/>BLOUNTSTOWN FL 32424</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                                        | Mailing Address<br><b>% DAVID E. PITTS<br/>16629 SW CYPRESS ST<br/>BLOUNTSTOWN FL 32424</b> |                                                                                                                                                                         |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                          |                                                                                             |                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | City & State                                                                                                           |                                                                                             | 4. FEI Number<br><b>59-3011950</b>                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | Country                                                                                                                |                                                                                             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PITTS, DAVID E<br/>16629 SW CYPRESS ST<br/>BLOUNTSTOWN FL 32424</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                        |                                                                                             | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |
| 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 constituting)<br><small>Signature, typed or printed name of registered agent and title, if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                        |                                                                                             |                                                                                                                                                                         |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                             | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                |                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>HALL, HENRY<br>RT 1 BOX 358<br>BRISTOL FL 32321               | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                            | 11000000852816 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>03/26/08-80044-019 61.25                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>MARSHALL, DALE<br>17765 NW CARDINAL DR.<br>BLOUNTSTOWN FL     | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>PULLAM, RHODEN<br>20688 NE BERLINGTON RD.<br>HOSFORD FL 32334 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>RODDENBERRY, STEVE<br>19011 NW CR 67<br>HOSFORD FL 32334      | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>PITTS, DAVID<br>16629 SW CYPRESS ST<br>BLOUNTSTOWN FL 32424   | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>GILFORD PULLAM<br>20577 NE BERLINGTON RD.<br>HOSFORD FL 32334 | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |  |
| 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. |                                                                    |                                                                                                                        |                                                                                             |                                                                                                                                                                         |  |
| <b>SIGNATURE:</b> <i>David E. Pitts</i> <i>David E. Pitts</i> <i>3-6-2008</i> <i>850-674-8774</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                                                                                                        |                                                                                             |                                                                                                                                                                         |  |