2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N37719

1. Entity Name
"T" AND "T" HUNTING CLUB, INCORPORATED

Principal Place of Business	Mailing Address
10051 HWY 97A	10051 HWY 97A
WALNUT HILL, FL 32568 US	WALNUT HILL, FL 32568 US

DO NOT WRITE IN THIS SPACE

01122007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3052732	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JOHN E
10051 HWY 97A
WALNUT HILL, FL 32568

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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 _*No change*_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HALL, JOHN E
STREET ADDRESS	10051 HWY 97A
CITY-ST-ZIP	WALNUT HILL, FL
TITLE	VD
NAME	LOWERY, CLIFFORD
STREET ADDRESS	6390 FOUR ST. FARM RD.
CITY-ST-ZIP	MOLINO, FL
TITLE	STD
NAME	HALL, NANCY D
STREET ADDRESS	10051 HWY 97A
CITY-ST-ZIP	WALNUT HILL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/07-80010-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: _John E. Hall P.D._ John E. Hall P.D.   1-13-07   (850)327-4196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #