2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2005
Secretary of State

DOCUMENT# N37824

Entity Name: PENSACOLA SPECKLED TROUT CLUB INC.

Current Principal Place of Business:

5527 SUNBURST LANE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

5527 SUNBURST LANE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-2157537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FINK, WALTER
5527 SUNBURST LANE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: GRAHAM, DARRELL,
Address: 7575 LONG MEADOW LANE
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: WOLFE, SAM,
Address: 5881 MOSS LANE
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: SCHLEIGH, JOHN
Address: 3492 MAI KAI DR
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: CHILDERS, W V
Address: 5760 W SHORE DR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: SMITH, THOMAS E
Address: 1380 WINDSOR PK . RD.
City-St-Zip: GULF BREEZE, FL 32563

Title: PRES (X) Change ( ) Addition
Name: COLEMAN, YALE
Address: 5217 ROWE TRAIL
City-St-Zip: PACE, FL 32571

Title: VP (X) Change ( ) Addition
Name: GAINES, MICHAEL
Address: 5075 BENTON BLVD.
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. SMITH TREA 08/13/2005
Electronic Signature of Signing Officer or Director — Date