## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46906

FILED Apr 24, 2006 Secretary of State

Entity Name: J.O. HUNTING CLUB. INC.

Entity Nar	THE: J.O. HUNTING CLUB, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
237 OLIVE WEWAHIT	R DR CHKA, FL 32465		
Current Mailing Address:		New Mailing Address:	
237 OLIVE WEWAHIT	R DR CHKA, FL 32465		
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ( )	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
237 OLIVE WEWAHIT The above	CHKA, FL 32465 US	purpose of changing its registered office or registered agent, or both	
SIGNATUR	RE:		
	Electronic Signature of Registered A	gent Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PD () Delete NUNERY, CHARLES 237 OLIVER DR WEWAHITCHKA, FL 32465	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D ( ) Delete FOREHAND, EARL P.O. BOX 851 (NA) WEWAHITCHKA, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D ( ) Delete BARRON, PETE 3203 10 ACRE ROAD PANAMA CITY, FL 32401	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	S () Delete NUNERY, ANN 237 OLIVER DR WEWHITCHKA, FL 32465	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	D ( ) Delete AKE, FLOYD 112 RIVERVIEW WEWAHITCHKA, FL 32465	Title: D (X) Change ( ) Addition Name: OLIVER, TIMOTHY Address: 227 OLIVER DR City-St-Zip: WEWAHITCHKA, FL 32465	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHARLES NUNERY PD 04/24/2006