

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49504

FILED
Dec 02, 2004
Secretary of State**Entity Name:** PACETTI'S HUNTING CLUB, INC.**Current Principal Place of Business:**P.O. BOX 3791
ST. AUGUSTINE, FL 32085**New Principal Place of Business:**1511 ST. MARKS POND BLVD.
ST. AUGUSTINE, FL 32084**Current Mailing Address:**P.O. BOX 3791
ST. AUGUSTINE, FL 32085**New Mailing Address:**1511 ST. MARKS POND BLVD.
ST. AUGUSTINE, FL 32084**FEI Number:** 59-3118832**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SIRAGUSA, MICHAEL A.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320853007 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: PD () Delete
Name: MASTERS, CHRIS
Address: 5930 ARMSTRONG RD, LOT B
City-St-Zip: ELKTON, FL 32033

Title: VD () Delete
Name: BURCHFIELD, MICHAEL
Address: 1511 ST. MARKS POND BLVD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD () Delete
Name: BURCHFIELD, BRIAN
Address: 2900 PLEASURE LANE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD () Delete
Name: KENNEDY, JAY
Address: 3375 RAULERSON RD
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASTERS, JERRY
Address: 1480 ST. MARKS POND BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VD (X) Change () Addition
Name: RAVAN, MICHAEL
Address: 3701 WINTERHAWK CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD (X) Change () Addition
Name: HOWELL, DAVID
Address: 3295B RAULERSON ROAD
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: TD (X) Change () Addition
Name: BURCHFIELD, MICHAEL
Address: 1511 ST. MARKS POND BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

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: MICHAEL BURCHFIELD

TD

12/02/2004

Electronic Signature of Signing Officer or Director

Date