

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49504

FILED
Sep 07, 2005
Secretary of State

Entity Name: PACETTI'S HUNTING CLUB, INC.

Current Principal Place of Business:

1511 ST. MARKS POND BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1511 ST. MARKS POND BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-3118832 **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:

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, JERRY
Address: 1480 ST. MARKS POND BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASTERS, JERRY
Address: 1440 ST. MARKS POND BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VD (X) Change () Addition
Name: ELLONWOOD, ROBERT
Address: 1510 ST. MARK POND BLVD
City-St-Zip: ST. AUGUSTINE, FL 32095

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

Title: TD (X) Change () Addition
Name: BURCHFIELD, MICHAEL
Address: 1511 ST. MARKS POND BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32095

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

09/07/2005

Electronic Signature of Signing Officer or Director

Date