


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50044</b>	
<b>1. Entity Name</b> PIN HOOK WILDLIFE MANAGEMENT, INC.	

<b>Principal Place of Business</b> 4901 DOBSON ROAD JAY FL 32565 US	<b>Mailing Address</b> 4901 DOBSON ROAD JAY FL 32565 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 59-3194268		<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>  JORDAN, BILLY 4901 DOBSON ROAD JAY FL 32565	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VPD <b>NAME</b> NOWLING, MICHAEL <b>STREET ADDRESS</b> 3150 BLVD DIAMOND RD <b>CITY - ST - ZIP</b> JAY FL 32565	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000216847 02/05/05-80067-008 70.00
<b>TITLE</b> PD <b>NAME</b> JORDAN, BRENT <b>STREET ADDRESS</b> 4901 DODSON RD <b>CITY - ST - ZIP</b> JAY FL 32565	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> JORDAN, BILLY <b>STREET ADDRESS</b> 4901 DOBSON ROAD <b>CITY - ST - ZIP</b> JAY FL 32565	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> NOWLING, ELTON <b>STREET ADDRESS</b> 3150 BLVD DIAMOND RD <b>CITY - ST - ZIP</b> JAY FL 32565	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> LASSITER, JESSE <b>STREET ADDRESS</b> 9667 HWY. 89 N <b>CITY - ST - ZIP</b> JAY FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> GOLDEN, DANIEL <b>STREET ADDRESS</b> ROUTE 1, BOX 396 <b>CITY - ST - ZIP</b> JAY FL	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Billy Jordan Billy Jordan 2/3/05 850-675-6562  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone