

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N50044

1. Entity Name

PIN HOOK WILDLIFE MANAGEMENT, INC.



Principal Place of Business

4901 DOBSON ROAD
JAY FL 32565
US

Mailing Address

4901 DOBSON ROAD
JAY FL 32565
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3194268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, BILLY
4901 DOBSON ROAD
JAY FL 32565

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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

Signature (typed or printed name of registered agent and Title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME NOWLING, MICHEAL
STREET ADDRESS 3150 BLVD DIAMOND RD
CITY-ST-ZIP JAY FL 32565

TITLE PD ☐ Delete
NAME JORDAN, BRENT
STREET ADDRESS 4901 DODSON RD
CITY-ST-ZIP JAY FL 32565

TITLE STD ☐ Delete
NAME JORDAN, BILLY
STREET ADDRESS 4901 DOBSON ROAD
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME NOWLING, ELTON
STREET ADDRESS 3150 BLVD DIAMOND RD
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ Delete
NAME LASSITER, JESSE
STREET ADDRESS 9667 HWY. 89 N
CITY-ST-ZIP JAY FL

TITLE D ☐ Delete
NAME GOLDEN, DANIEL
STREET ADDRESS ROUTE 1, BOX 396
CITY-ST-ZIP JAY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000837224
CITY-ST-ZIP 03/04/08-80048-007 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

2-18-08

850-675-6562