
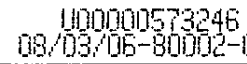

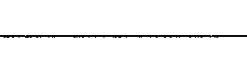

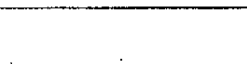
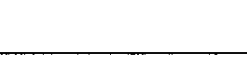



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 03, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # N50965 1. Entity Name PRINGLE SWAMP HUNTING CLUB, INC. | | | |  | |
| Principal Place of Business 19 COQUINA AVENUE ST AUGUSTINE FL 32080 US | | | Mailing Address 19 COQUINA AVENUE ST AUGUSTINE FL 32080 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 56-3169089 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 2nd MOORE CR2E037 (4/06) | |
| 6. Name and Address of Current Registered Agent GUNTARP, PAUL M JR. 185 CYPRESS POINT PKWY STE 6 PALM COAST FL 32164 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entry 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 re-registering) | | | | | |
| FILE NOW: FEE IS \$61.25 Due By: September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HOWELL, GARY 2201 STATE RD 16, LOT 3 ST AUGUSTINE FL 32095 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD SEAY, MATT 706 N BACKER BUNNELL FL 32110 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD HENDREN, ROBERT 19 COQUINA AVE ST AUGUSTINE FL 32080 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HOWELL, ROBERT 5840 SR 207 (FAIRGROUNDS) ELKTON FL 32033 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FORTNER, TIM PO BOX 141 HASTINGS FL 32145 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: center;">  08/03/06-80002-020 61.25 </div> | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Robert Hendren* **ROBERT HENDREN**

7/17/06 (904) 829-3270