


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2008 8:00 am
Secretary of State

01-31-2008 90034 007 ****61.25

DOCUMENT # N92000000031 1. Entity Name BRYANT'S LANDING HUNTING AND FISHING UTILITY COOPERATIVE, INC.	
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Principal Place of Business 1008 VENETIAN WAY PANAMA CITY, FL 32405	Mailing Address PO BOX 486 WEWAHITCHKA, FL 32465 US
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DO NOT WRITE IN THIS SPACE

66003173



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3312267	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TODD, WILLIAM H
1008 VENETIAN WAY
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when ratifying) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KNIGHT, JIMMY 745 BRYANTS LANDING RD WEWAHITCHKA, FL 32465x
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STORES, JOHN 125 RIDGECREST LN WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TODD, WILLIAM H 1008 VENETIAN WAY WEWAHITCHKA, FL 32465
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOUNT, JERRY 1319 KENTUCKY AVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: William H. Todd **3/7/08** **(850) 265-3434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William H. Todd