



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

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000588 1. Entity Name TRADITIONAL BOWHUNTERS OF FLORIDA, INC.	
--	---

Principal Place of Business 4304 S.E. 5TH ST OCALA, FL 34471 US	Mailing Address 4304 S.E. 5TH ST OCALA, FL 34471 US
---	---

DO NOT WRITE IN THIS SPACE

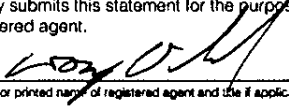


01032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3158538	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 OSWALD, DOUGLAS 4304 S.E. 5TH ST OCALA, FL 34471	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.

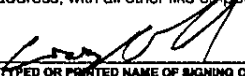
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000775364 01/08/08-80027-007 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TETZLAFF, DAVID 5823 SPANISH OAKS LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRODEUR, CHRIS R 11644 IRVING AVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSWALD, DOUGLAS 4304 S.E. 5TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, RICK 1610-B CAROLEWOOD CT TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, WAYNE 1473 WENTWORTH AVE JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDLEY, GREGG 13991 S.E. HWY 42 WEIRSDALE, FL 32195

**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:  as 5/7/0 Douglas Oswald 1/3/2008 1.352.694.5969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #