2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2005
Secretary of State

DOCUMENT# N93000001291

Entity Name: DOUBLE "A" HUNTING CLUB, INC.

Current Principal Place of Business:

TIM A ZICK
229 LUSTAN DRIVE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

229 LUSTAN DRIVE
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZICK, TIM A
229 LUSTAN DRIVE
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FLOYD, EDWARD
Address: 8565 HONEY BEE LANE
City-St-Zip: MILTON, FL 32583

Title: VP ( ) Delete
Name: NELSON, JEFF
Address: 8580 WELCOME CHURCH RD
City-St-Zip: MILTON, FL 32583

Title: STD ( ) Delete
Name: ZICK, TIM A
Address: 229 LUSTAN DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D (X) Delete
Name: SUTTON, WILLIAM
Address: 4877 CARL BOOKER RD
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM A. ZICK STD 06/25/2005
Electronic Signature of Signing Officer or Director — Date