

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000001839	
1. Entity Name THE ASSOCIATION FOR THE PRESERVATION OF GAMEFOWL, INC.	

Principal Place of Business 213 CLIFTON ROAD CRESCENT CITY, FL 32112	Mailing Address 213 CLIFTON ROAD CRESCENT CITY, FL 32112
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04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0481745	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRAWFORD, NEAL 2025 SLOCOMB ROAD HAINES CITY, FL 33844

**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 re-designing) **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2006**

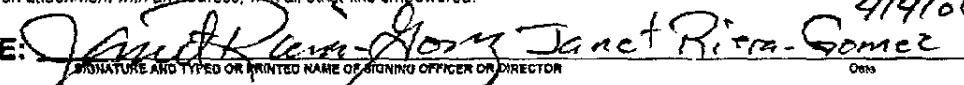
**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

**000000495928
04/21/06-80031-006 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIERA-GOMEZ, JANET 213 CLIFTON ROAD CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YORK, GARY 9502 ALICE LANE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMOS, JOSE 2808 BRYAN ROAD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/19/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **386-698-0914**
Date Daytime Phone #