


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002348 1. Entity Name CLEAR BRANCH HUNTING CLUB, INC.	
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Principal Place of Business 5255 FOX HUNTER LN JAY, FL 32565	Mailing Address 5255 FOX HUNTER LN JAY, FL 32565
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05072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRESCOTT, HAYWARD
5255 FOX HUNTER LANE
JAY, FL 32565

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000159580
05/10/04-80037-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J.L. MILLER SR. 3208 SAMANTHA DR. CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRISH, STEVE 8 BOB SIKES BLVD. JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES W CARNLEY P.O. BOX 783 CANTONMENT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY MANTEL HC 34 BOX 187-A EVERGREEN, AL 36401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESCOTT, HAYWARD 5255 FOX HUNTER LANE JAY, FL 32565
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 exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hayward Prescott *Hayward Prescott* 5-6-04 850 675 4733