


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N95000002559</b>                                    |  |
| 1. Entity Name<br><b>AMERICAN IRISH CLUB OF WEST CITRUS, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>4342 HOMOSASSA TRAIL<br/>LECANTO, FL 34461 US</b> | Mailing Address<br><b>PO BOX 760<br/>LECANTO, FL 34460-0760 US</b> |
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01122008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number<br><b>59-3385625</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br><b>BIANCULLI, ROBERT J<br/>1354 W PLUM PL<br/>BEVERLY HILLS, FL 34465</b> |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> | <b>000000784997</b> |
|--|---------------------|

|   |
|---|
| Filing Fee is \$61.25<br>Due by May 1, 2008 |
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|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

|                                 |
|---------------------------------|
| <b>01/16/08-80077-015 61.25</b> |
|---------------------------------|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>DUVAL, HERB<br/>1882 N HAVERSHALL DR<br/>CRYSTAL RIVER, FL 34429</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>BIANCULLI, ROBERT<br/>1354 W PLUM PL<br/>BEVERLY HILLS, FL 34465</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DAVIS, RONALD<br/>4542 N CRESTLINE DR<br/>BEVERLY HILLS, FL 34465</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>FOYE, JAMES<br/>419 E CUMBERLAND CT<br/>HERNANDO, FL 34442</b>             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>MCCABE, MADELINE<br/>6209 W GLEN ROBBIN CT<br/>CRYSTAL RIVER, FL 34429</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>HYNES, JAMES<br/>4472 W. PIUTE DR.<br/>BEVERLY HILLS, FL 34465</b>         |

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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 817, 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: <u>Robert J. Bianculli</u>   | <b>Robert J. Bianculli</b> | <b>1/12/2008</b>    | <b>(352) 527-4890</b>          |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                            | <small>Date</small> | <small>Daytime Phone #</small> |