2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 8:00 am Secretary of State

DOCUMENT # N9500003040 1. Entity Name RAY SAWMILL HUNTING CLUB, INC.			. I	04-10-2007 90014 004 ****61.25			
Principal Place of Business P.O. BOX 357 CROSS CITY, FL 32628	Mailing Address P.O. BOX 357 CROSS CITY, FL 32628	3	-		III COICO IKUI OGAI OKAN OO		
2. Principal Place of Business - No P.O. Box	# 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP (CR2E037 (12/06)		
City & State	City & State	City & State		' 4	1 	plied For t Applicable	
Zip Country	Zip	Country	5. Certificate of St	tatus Desired	S8.75 Add Fee Required		
6. Name and Address of C	urrent Registered Agent	Niama -	7. Name and Add	Iress of New Regi	stered Agent		
KIGHT, APRIL SUWANNE LUMBER RD. (3RD HOUSE ON RIGHT)			Name Troy Norton Street Address (P.O. Box Number is Not Acceptable)				
CROSS CITY, FL 32628	USE ON RIGHT)						
		City (P.O. Box	113	Zip Code	9	
		, (C1055 CITY 1 32628				
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 provided name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstating) OATE							
Due by May 1, 2007 Trust Fund Contribution. ☐ A				Florida	e check payable to Department of St	ate	
T	ND DIRECTORS	11.		ES TO OFFICERS	AND DIRECTORS IN		
NAME WHITBY, GEORGE STREET ADDRESS 355 NORTHEAST 558 AVE CITY-ST-ZIP OLD TOWN, FL 32680	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.;		⊠ Change	Addition	
NAME BURTT, LUBIN STREET ADDRESS 207 NE 538TH AVE CITY-S1-ZIP OLD TOWN, FL 32680	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			∑ Change	☐ Addition	
TITLE ST NAME HIGGINBOTHAM, GENE STREET ADDRESS 9330 NORTHEAST HIGHV OLD TOWN, FL 32680	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			≥ Change	☐ Addition	
ITILE D NAME BRANCH, JOHN S STREET ADDRESS P O BOX 108 N/A CITY-ST-ZIP CROSS CITY, FL 32628	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Norton, March PO BOX 113 Cross City	Troy 151 3262	☐ Change	Addition	
TITLE P NAME RIDGEWAY, DAVID STREET ADDRESS P.O. BOX 48 CITY-ST-ZIP CROSS CITY, FL 32628	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🕰 Change	☐ Addition	
ITILE D NAME BECKHAM, SCOTT STREET ADDRESS P.O. BOX 1713 CITY-ST-ZIP CROSS CITY, FL 32028 12. I hereby certify that the information supplied indicated on this report or supplemental or s	□ Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP or the exemptions cont	tained in Chapter 119, Flo	HAVE FL 324 rida Statutes, I fur	ther certify that the in	Addition	

12. I hereby certify that the information supplied with this liting does not quality 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: Limitar		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #