


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003981 1. Entity Name TWO GATE HUNTING CLUB, INC.	
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Principal Place of Business 151506 CR 108 PO BOX 781 HILLIARD, FL 32046-0781	Mailing Address PO BOX 781 HILLIARD, FL 32046-0781
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DO NOT WRITE IN THIS SPACE



05022006 No Chg-NP CR2E037 (4/06)

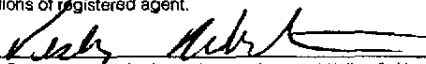
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBERTSON, WESLEY A
37320 BULFORD ROAD
HILLIARD, FL 32046-6900

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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:  DATE: 5-2-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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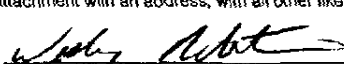
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, ROBERT T 106 MARSHALL LN HILLIARD, FL 320466988
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARUTHERS, WAYNE 451096 OLD DIXIE HWY CALLAHAN, FL 320116652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROBERTSON, WESLEY A 37320 BULFORD ROAD HILLIARD, FL 320466900
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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U000000566152
05/25/06-80009-005 70.00

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:  Wesley Robertson DATE: 5-2-06 (904)845-4534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #