

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000000948**

1. Entity Name  
**PIRATE DUGOUT CLUB, INC.**



Principal Place of Business  
**303 CENTRE STREET  
SUITE 200  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**303 CENTRE STREET  
SUITE 200  
FERNANDINA BEACH, FL 32034**



01162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3436185**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POOLE, WESLEY R  
303 CENTRE STREET  
SUITE 200  
FERNANDINA BEACH, FL 32034**

**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-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROLAND, LLOYD K  
435 CITRONA DR  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STEGE, SAMUEL M  
2030 HIGHLAND DR  
FERNANDINA BEACH, FL 32034**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HAGINS, HANK  
75732 CIRCLE HIGGINBOTHER RD  
YULEE, FL 32097**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000593134  
01/22/07-80018-012 61.25

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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:**

*Hank Hagins*  
**HANK HAGINS T**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/07*  
Date

*904-277-5728*  
Daytime Phone #