

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90213 020 \*\*\*\*61.25

**DOCUMENT # N98000002236**

1. Entity Name

CRAPPS TOWER HUNTING CLUB, INC.



Principal Place of Business

RT 4, BOX 181  
BRANFORD FL 32008

Mailing Address

RT 4, BOX 181  
BRANFORD FL 32008

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

PO Box 47

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

City & State

Mayo Florida

Zip

Country

Zip

32066

Country

USA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BYRD, PAUL  
RT 4, BOX 181  
BRANFORD FL 32008

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
BYRD, PAUL  
STREET ADDRESS RT 4, BOX 181  
CITY-ST-ZIP BRANFORD FL 32008

TITLE NAME ☐ Delete  
ADAMS, ANTHONY  
STREET ADDRESS RT 4, BOX 167  
CITY-ST-ZIP BRANFORD FL 32008

TITLE NAME ☐ Delete  
KOON, SIDNEY  
STREET ADDRESS RT 2 BOX 170  
CITY-ST-ZIP MAYO FL 32066

TITLE NAME ☐ Delete  
BRYD, J W  
STREET ADDRESS RT 2 BOX 1075  
CITY-ST-ZIP MAYO FL 32066

TITLE NAME ☐ Delete  
WALKER, SCOTT  
STREET ADDRESS RT 2 BOX 1195  
CITY-ST-ZIP MAYO FL 32066

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
Paul  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Paul Byrd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #