


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90227 030 \*\*\*\*61.25


<b>DOCUMENT # N98000002236</b>	
1. Entity Name <b>CRAPPS TOWER HUNTING CLUB, INC.</b>	

Principal Place of Business <b>RT 4, BOX 181 BRANFORD FL 32008</b>	Mailing Address <b>PO BOX 47 MAYO FL 32066</b>
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2. Principal Place of Business <b>935 NE Orchid Rd</b>	3. Mailing Address <b>Suite, Apt. #, etc.</b>
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City & State <b>Branford, FL</b>	City & State <b>Mayo, FL</b>
Zip <b>32008</b>	Country <b>USA</b>

**20043471**



1st MOORE CR2E037 (10/04)

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BYRD, PAUL RT 4, BOX 181 BRANFORD FL 32008</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

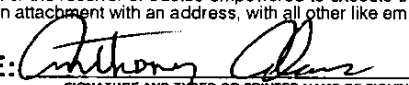
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BYRD, PAUL</b> <b>RT 4, BOX 181</b> <b>BRANFORD FL 32008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>Paul Byrd</b> <b>935 NE Orchid Rd</b> <b>Branford, FL 32008</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADAMS, ANTHONY</b> <b>RT 4, BOX 167</b> <b>BRANFORD FL 32008</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>Anthony Adams</b> <b>921 SE CR 420</b> <b>Branford, FL 32008</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOON, SIDNEY</b> <b>RT 2 BOX 170</b> <b>MAYO FL 32066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>Sidney Koon</b> <b>1007 NE Shady Oak Dr</b> <b>Mayo, FL 32066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRYD, J W</b> <b>RT 2 BOX 1075</b> <b>MAYO FL 32066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>J W Byrd</b> <b>583 NE CR 410</b> <b>Mayo, FL 32066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, SCOTT</b> <b>RT 2 BOX 1195</b> <b>MAYO FL 32066</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>XX</b> Change <input type="checkbox"/> Addition <b>Scott Walker</b> <b>3058 NE Jeff Walker Rd</b> <b>Mayo, FL 32066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Anthony Adams** 4-21-05 386-294-2024

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