


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000002236 1. Entity Name CRAPPS TOWER HUNTING CLUB, INC.	
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Principal Place of Business 935 NE ORCHID RD BRANFORD, FL 32008	Mailing Address PO BOX 47 MAYO, FL 32066
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DO NOT WRITE IN THIS SPACE



07072006 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

BYRD, PAUL
RT 4, BOX 181
BRANFORD, FL 32008

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	D BYRD, PAUL 935 NE ORCHID RD BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ANTHONY 921 SE CR 420 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOON, SIDNEY 1007 NE SHADY OAK DR MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYD, J W 583 NE CR 410 MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, SCOTT 3058 NE JEFF WALKER RD MAYO, FL 32066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000570746
07/18/06-80008-020 61.25

**DO NOT WRITE
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: Anthony Adams **7-13-06** **386-294-2024**

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