


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90317 046 \*\*\*\*61.25

**DOCUMENT # N99000003798**

1. Entity Name  
 ROADS END HUNTING CAMP, INC.



Principal Place of Business  
 745 WEST FORSYTH ST  
 JACKSONVILLE, FL 32204

Mailing Address  
 745 WEST FORSYTH ST  
 JACKSONVILLE, FL 32204

**50037255**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112005 Chg-NP CR2E037 (10/03)

City & State  
 Zip Country

4. FEI Number  
 14-1893545

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOOD, JOHN H  
 745 WEST FORSYTH ST  
 JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

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: John H. Wood, Secy (John H. Wood) DATE: 4/14/05

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 May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	HAMILTON, DON	
STREET ADDRESS	7837 MOTES ROAD	
CITY-ST-ZIP	BRYCEVILLE, FL 32009	
TITLE	1V	<input type="checkbox"/> Delete
NAME	BARRETT, ED	
STREET ADDRESS	16916 N. MAIN STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	2VD	<input checked="" type="checkbox"/> Delete
NAME	JEFFERSON, JERAMIE	
STREET ADDRESS	3500 UNIVERSITY BLVD. N., #2006	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NALL, JIMMY	
STREET ADDRESS	P.O. BOX 696	
CITY-ST-ZIP	YULEE, FL 32041	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOOD, JOHN	
STREET ADDRESS	13160 SUMMIT CREEK ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy Nall	
STREET ADDRESS	P.O. Box 696	
CITY-ST-ZIP	Yulee, FL 32041	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeramie Jefferson	
STREET ADDRESS	4154 San Juan Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: John H. Wood (John H. Wood) DATE: 4/14/05 (904) 355-7100

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