

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N99000003798

Entity Name: ROADS END HUNTING CAMP, INC.

Current Principal Place of Business:

745 WEST FORSYTH ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

745 WEST FORSYTH ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 14-1893545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMILTON, DON
Address: 7837 MOTES ROAD
City-St-Zip: BRYCEVILLE, FL 32009

Title: 1V () Delete
Name: STRICKLAND, BRUCE
Address: 2800 CODEY LANE
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: JEFFERSON, JERAMIE
Address: 4154 SAN JUAN AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS () Delete
Name: WOOD, JOHN
Address: 13160 SUMMIT CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: NALL, JIMMY
Address: PO BOX 696
City-St-Zip: YULEE, FL 32041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JEFFERSON, CHARLIE
Address: 614 E. 57TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NEWTON, LARRY 111
Address: 1758 PRONGHORN COURT
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. WOOD

DS

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date