## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 23, 2007 08:00 A Secretary of State DOCUMENT # P00000055365 BESS PASTURE HUNT CLUB, INC. Principal Place of Business Mailing Address 2810 N.W. TENTH STREET 2810 N.W. TENTH STREET OCALA, FL 34475 OCALA, FL 34475 CR2E034 (11/05) 02152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1015631 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ADEL, GARRY D 4 S.E. BROADWAY OCALA, FL 34471 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SHASHY, DAVID M NAME STREET ADDRESS 2810 N.W. TENTH STREET CITY-ST-ZIP OCALA, FL 34475 TITLE NAME U00000675757 STREET ADDRESS .03/30/07-80032-001 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment writing address, with all other like empowered.

SIGNATURE: 4

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED**