2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000053522

1. Entity Name
JACKSON HOLE RV-FISH CAMP, INC.

Principal Place of Business
457 RIVER ROAD
LOT 11
OAK HILL, FL 32759

Mailing Address
POST OFFICE BOX 1490
EDGEWATER, FL 32132

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721848
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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: Douglas L Jackson DOUGLAS L. JACKSON 7-15-04
Signature required if registered agent is changing (NOTE: Registered Agent signature required when reinstating) Date

U00000159239
08/11/04-80001-007 150.00

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	JACKSON, DOUGLAS L
STREET ADDRESS	457 RIVER ROAD LOT 11
CITY-ST-ZIP	OAK HILL, FL 32759
TITLE	VD
NAME	PETTIT, DONNA R
STREET ADDRESS	457 RIVER ROAD LOT 11
CITY-ST-ZIP	OAK HILL, FL 32759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 607, 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: Douglas L Jackson 7-15-04 386 345-1652
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
DOUGLAS L JACKSON