## FILED Feb 26, 2004 8:00 am Secretary of State

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P0100069529  1. Entity Name PENSACOLA HUNTING CLUB, INC. |   |  |                             |                      | 02-26-2004 90001 013 ****150.00 |   |                          |                    |
|---|---|--|-----------------------------|----------------------|---------------------------------|---|--------------------------|--------------------|
| PENSAGO   | DEA HONTING CLOB, INC.  | •  |                             |                      |                                 |   |                          |                    |
| Principal Place   | of Business   | Mailing Address  |                             |                      |                                 |   | 54(                      | 71178 <sub>6</sub> |
| 309 S PALAFOX ST<br>PENSACOLA, FL 32501                             |   | 309 S PALAFOX ST<br>PENSACOLA, FL 32501  |                             |                      |                                 |   |                          | -1100              |
| 2 Principal Pl  | ace of Business   | 3. Mailing Address   |                             |                      |                                 |   |                          |                    |
|   |   | P.O. Box 13145   |                             |                      |                                 |   |                          |                    |
|   | #. etc  |  |                             |                      | 02192004                        | Chg-P   | CR2E034 (10/03)          |                    |
| City & State  |   | City & State Pensacola, FL   |                             |                      | 4. FEI Number 59-373            | Number Applied For Not Applied For Not Applicable |                          |                    |
| Zip Country   |   | <sup>Zip</sup> 32591   | Country<br>USA              |                      | 5. Certificate                  | of Status Desired                                 | S8.75 Ad                 |                    |
|   | 6. Name and Address of Current  | Registered Agent   |                             |                      | 7. Name and                     | Address of New R                                  | egistered Agent          |                    |
| ODICEIN   |   | Name   | Name Griffin, Johnny L.     |                      |                                 |   |                          |                    |
| GRIFFIN, J<br>224 EAST<br>PENSACO                                   | Street A  |  |                             | er is Not Acceptable | )                               |   |                          |                    |
| FENSACO   | LA, FL 32301  |  |                             | 309 S. Palafox St.   |                                 |   |                          |                    |
|   |   |  | City                        |                      | sacola                          |   |                          | 32502              |
|   | named entity submits this statement fo<br>ons of registered agent.  | r the purpose of changing its  | registered office or        | r registere          | ed agent, or bo                 | th, in the State of Flo                           | rida. I am tamiliar with | , and accept       |
| SIGNATURE_  | Signature, typed or printed name of registered agent  | and title if applicable. (NOT  | E: Registered Agent signate | berlups: enu         | when reinstating)               |   | DATE                     |                    |
| -   |   | 9, Election Campa  | ion-Financina               | ¢E.                  | 00.4 8                          |   |                          |                    |
| After Ma  | E:NOW!!!-FEE:IS:\$150.00<br>ay 1, 2004 Fee will be \$550.   | 1  |                             |                      | 00 May Be —<br>ed to Fees       |   |                          |                    |
| 10.   | OFFICERS AND  | DIRECTORS  | 11.                         |                      | ADDITIONS,                      | CHANGES TO OFF                                    | CERS AND DIRECTOR        | RS IN 11           |
| TITLE   | VP . Delete TITI  |  |                             | Grif                 | ffin, Jo                        | hnny I.   | ∑ Change                 | ☐ Addition         |
| NAME<br>STREET ADDRESS  |   |  | NAME<br>STREET ADDRESS      |                      | S. Palä                         |   |                          |                    |
| CITY-ST-ZIP   | PENSACOLA, FL 32501   |  |                             | 1                    |                                 | FL 32502  |                          |                    |
| TITLE   | P Delete TITL TIDWELL, DONALD E NAM 224 FACT COVERNMENT ST  |  |                             | Tida                 | well, Donald E.                 |   | ☐ Change                 | ☐ Addition         |
| NAME<br>STREET LORDERS  |   |  |                             |                      | S. Pala                         |   |                          |                    |
| STREET ADDRESS<br>CITY-ST-ZIP                                       | 224 EAST GOVERNMENT ST. PENSACOLA, FL 32501   |  |                             |                      | sacola,                         |   | -                        | į                  |
| TITLE   |   | ☐ Delete   | TITLE                       |                      |                                 |   | ☐ Change                 | Addition           |
| NAME<br>STREET ADDRESS  |   |  | NAME<br>STREET ADDRESS      |                      |                                 |   |                          |                    |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP                 |                      |                                 |   |                          |                    |
| TITLE   | ***************************************   | ☐ Delete   | TITLE                       |                      |                                 |   | ☐ Change                 | ☐ Addition         |
| NAME<br>Street Address  |   |  | NAME<br>STREET ADDRESS      |                      |                                 |   |                          |                    |
| CITY-ST-ZIP .   |   |  | CITY-ST-ZIP                 |                      |                                 | ·-  |                          |                    |
| TITLE<br>NAME   |   | ☐ Delete   | TITLE<br>NAME               |                      |                                 |   | ☐ Change                 | Addition           |
| STREET ADDRESS  |   |  | STREET ADDRESS              |                      |                                 |   |                          |                    |
| CITY -ST-ZIP  |   |  | CITY-ST-ZIP                 |                      |                                 |   |                          |                    |
| TITLE   |   | ☐ Delete   | TITLE                       | ļ                    |                                 |   | ☐ Change                 | ☐ Addition         |
| NAME<br>STREET ADDRESS  |   | •  | NAME<br>STREET ADDRESS      |                      | **:                             |   |                          |                    |
| CITY-ST-ZIP   |   |  | CITY-ST-ZIP                 |                      |                                 |   |                          |                    |
|   | pertify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee emp<br>or on an attachment with an address. |  |                             |                      |                                 |   |                          |                    |
| SIGNAT  | URE:////  | LE CONTRACTOR OF STATE OF STAT | onald Tid                   | well                 |                                 | 02-19-04  | 850-429-0                |                    |