


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90088 033 \*\*\*150.00

<b>DOCUMENT # P01000079485</b>	
1. Entity Name THE FOX PEN HUNT CLUB, INC.	

Principal Place of Business 1771 NEWMAN LANE TALLAHASSEE, FL 32312	Mailing Address 1771 NEWMAN LANE TALLAHASSEE, FL 32312
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40076142

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

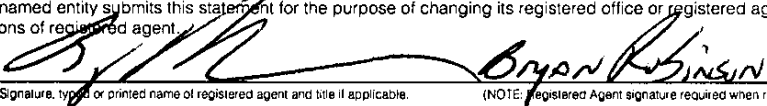


04192007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3739540	Applied For <input type="checkbox"/> Not Applicable
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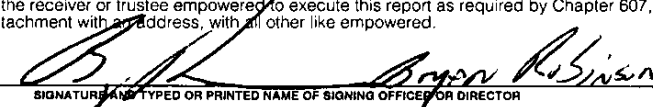
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BRYAN, ROBINSON 1771 NEWMAN LANE TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/20/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, B. BRYAN 1771 NEWMAN LANE TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORLEY, MICHAEL E 372 COCROFT RD. MONTICELLO, FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/20/07 Daytime Phone # 850-528-2078

ATTACHMENT

40076142



## Division of Corporations

## Annual Report

[Annual Report Help](#)

Document Number

P01000079485

Business Entity Name

THE FOX PEN HUNT CLUB, INC.

FEI Number 593739540  
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable  
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each  
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Principal Place of Business

Address 1771 NEWMAN LANE .  
Suite, Apt. #, etc.  
City, State TALLAHASSEE , FL  
Zip Code & Country 32312

## Mailing Address

Address 1771 NEWMAN LANE .  
Suite, Apt. #, etc.  
City, State TALLAHASSEE , FL  
Zip Code & Country 32312

## Name and Address of Registered Agent

Name (Last, First, Middle, Title) BRYAN , ROBINSON

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 1771 NEWMAN LANE .

Suite, Apt. #, etc.

City, State TALLAHASSEE , FL

Zip Code &amp; Country 32312 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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#PD0000079485

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title DP  
Name (Last, First, Middle, Title) ROBINSON, B. BRYAN,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 1771 NEWMAN LANE  
City, State TALLAHASSEE, FL  
Zip Code & Country 32312

Title D  
Name (Last, First, Middle, Title) CORLEY, MICHAEL, E,

- OR -

Entity Name to serve as  
Officer/Director

Street Address 372 COCROFT RD.  
City, State MONTICELLO, FL  
Zip Code & Country 32344

Title  
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address  
City, State  
Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title *Pres. Lant*

Officer/Director Signature

*[Handwritten Signature]*

*4/10/07*

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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