


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90087 022 ***150.00

DOCUMENT # P02000088932			
1. Entity Name FAT BOYS HUNTING CLUB, INC.			
Principal Place of Business 4229 NE 17TH TERRACE GAINESVILLE FL 32609		Mailing Address 4229 NE 17TH TERRACE GAINESVILLE FL 32609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 05-0550773		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ELWOOD, KENNETH H. 4229 NE 17TH TERRACE GAINESVILLE FL 32609		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$650.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELWOOD, KENNETH H		NAME	
STREET ADDRESS 4229 N.E. 17TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32609		CITY-ST-ZIP	
TITLE PD Officer	<input checked="" type="checkbox"/> Delete	TITLE Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COURTNEY, WILLIAM		NAME Courtney, William	
STREET ADDRESS 1614 N.W. 4TH STREET		STREET ADDRESS 1614 N.W. 4th Street	
CITY-ST-ZIP GAINESVILLE FL 32609		CITY-ST-ZIP Gainesville, FL 32609	
TITLE Officer	<input type="checkbox"/> Delete	TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Randy Carlton		NAME Carlton, Randy	
STREET ADDRESS 4811 N.W. 28th Street		STREET ADDRESS 4811 N.W. 28th Street	
CITY-ST-ZIP Gainesville, FL 32605		CITY-ST-ZIP Gainesville, FL 32605	
TITLE Officer	<input type="checkbox"/> Delete	TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME James McDavid		NAME McDavid, James	
STREET ADDRESS 7330 N.E. Waldo Rd.		STREET ADDRESS 7330 N.W. Waldo rd	
CITY-ST-ZIP Gainesville, FL 32609		CITY-ST-ZIP Gainesville, FL 32609	
TITLE Officer	<input type="checkbox"/> Delete	TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Steve Elwood		NAME Steve Elwood, Steve	
STREET ADDRESS 4229 NE 17th Terrace		STREET ADDRESS 4229 NE 17th Terrace	
CITY-ST-ZIP Gainesville, FL 32609		CITY-ST-ZIP Gainesville, FL 32609	
TITLE Officer	<input type="checkbox"/> Delete	TITLE Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Clark, Ronald	
STREET ADDRESS		STREET ADDRESS 15816 N.W. County Road 1491	
CITY-ST-ZIP		CITY-ST-ZIP Alachua, FL 32615	

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 life empowered.

SIGNATURE: _____ Date: 2-23-05 (352) 538-0822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #