


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90030 042 \*\*\*150.00

<b>DOCUMENT # P02000088932</b>	
1. Entity Name <b>FAT BOYS HUNTING CLUB, INC.</b>	

Principal Place of Business <b>4229 NE 17TH TERRACE GAINESVILLE, FL 32609</b>	Mailing Address <b>4229 NE 17TH TERRACE GAINESVILLE, FL 32609</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. Box 358290</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32635-8290</b>	Country <b>U.S.</b>



04032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>ELWOOD, KENNETH H 4229 NE 17TH TERRACE GAINESVILLE, FL 32609</b>	
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7. Name and Address of New Registered Agent Name <b>Elwood Kenneth H</b> Street Address (P.O. Box Number is Not Acceptable) <b>10709 NW 67th Way</b> City <b>Alachua</b> FL Zip Code <b>32615</b>	
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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.

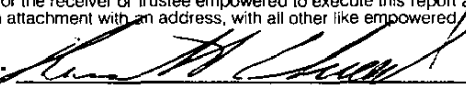
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD ELWOOD, KENNETH H 4229 N.E. 17TH TERRACE GAINESVILLE, FL 32609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>O COURTNEY, WILLIAM 1614 N.W. 4TH STREET GAINESVILLE, FL 32609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>O CARLTON, RANDY 4811 NW 28TH STREET GAINESVILLE, FL 32605</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>O MCDAVID, JAMES 7330 NW WALDO RD GAINESVILLE, FL 32609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>O ELWOOD, STEVE 4229 BE 17TH TERRACE GAINESVILLE, FL 32609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:**  **Kenneth Elwood** **4-2-07 (352) 538-0822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #