

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026540

Entity Name: MCRAE HUNT CLUB, INC.

FILED  
Jul 14, 2006  
Secretary of State

## Current Principal Place of Business:

247 MARCUM TRACE DRIVE  
LAKELAND, FL 33813

## New Principal Place of Business:

PO BOX 497  
MULBERRY, FL 33860

## Current Mailing Address:

247 MARCUM TRACE DRIVE  
LAKELAND, FL 33813

## New Mailing Address:

PO BOX 497  
MULBERRY, FL 33860

FEI Number: 61-1483852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PEACHEE, DAVID  
247 MARCUM TRACE DRIVE  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

BADCOCK, WOGAN S III  
PO BOX 497  
MULBERRY, FL 33860 US

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.

SIGNATURE: WOGAN S. BADCOCK III

07/14/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FEASTER, RUSTY  
Address: 5030 REECE ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: D ( ) Delete  
Name: CARROLL, ROGER  
Address: 1854 PINNACLE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete  
Name: COOK, BILL  
Address: 4062 HWY 60 EAST  
City-St-Zip: BARTOW, FL 33830

Title: D (X) Delete  
Name: PEACHEE, DAVID  
Address: 247 MARCUM TRACE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: BADCOCK, WOGAN S III  
Address: P.O. BOX 497  
City-St-Zip: MULBERRY, FL 33860

Title: D (X) Delete  
Name: MAJETTE, MIKE DR.  
Address: 2784 GOLF LAKE DRIVE  
City-St-Zip: PLANT CITY, FL 33566

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOGAN S. BADCOCK III

D

07/14/2006

Electronic Signature of Signing Officer or Director

Date