

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030380

FILED  
Aug 30, 2006  
Secretary of State

**Entity Name:** SQUARE ONE SPORTING CLAYS CLUB, INC.

**Current Principal Place of Business:**

7500 SR 70 WEST  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 941  
LAKE PLACID, FL 338620941

**New Mailing Address:**

PO BOX 714  
LAKE PLACID, FL 338620714

**FEI Number:** 20-2342952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALDRON, DAPHNE  
7500 SR 70 WEST  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: WALDRON, DAPHNE  
Address: PO BOX 941  
City-St-Zip: LAKE PLACID, FL 338620941

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DAPHNE WALDRON

D

08/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date