


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90020 028 ***150.00

DOCUMENT # P06000143949	
1. Entity Name OSCEOLA SPORTSMAN ASSOCIATION, INC.	

Principal Place of Business 2932 ANNALIEE ROAD ST. CLOUD, FL 34771	Mailing Address 2932 ANNALIEE ROAD ST. CLOUD, FL 34771
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40040431



2. Principal Place of Business - No P.O. Box # <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03012007 Chg-P CR2E034 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 20-5890769	Applied For Not Applicable
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6. Name and Address of Current Registered Agent WILLIAM N. ASMA, P.A. 884 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	
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7. Name and Address of New Registered Agent Name <i>Same DERRICK W. HICKS</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2932</i>	
<i>ANNALIEE ROAD</i>	
City <i>ST. CLOUD</i>	FL Zip Code <i>34771</i>

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 <i>Derrick W. Hicks</i>	DATE <i>3/1/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARD, STEVE <input type="checkbox"/> Delete 2932 ANNALIEE ROAD SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENSEL, ROBERT <input type="checkbox"/> Delete 4600 RUMMELL ROAD SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HICKS, DERRICK <input type="checkbox"/> Delete 5350 MILLSTREAM COURT SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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: <i>Derrick W. Hicks</i>	DATE <i>3/1/07</i> DAYTIME PHONE # <i>407-927-8973</i>