

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2007 90015 022 \*\*\*158.75

<b>DOCUMENT # P97000086447</b> 1. Entity Name <b>THE LAKE IAMONIA GUN CLUB, INC.</b>					
Principal Place of Business <b>12566 WATERFRONT DR TALLAHASSEE, FL 32312</b>			Mailing Address <b>5022 HOMER AVENUE TAMPA, FL 33629</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>7765 HAVANA HIGHWAY</b> Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>HAVANA FL</b> Zip      Country <b>32333 USA</b>		4. FEI Number <b>59-3475773</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>CHASTAIN, I N 5022 HOMER AVENUE TAMPA, FL 33629</b>					
7. Name and Address of New Registered Agent Name <b>ROBERT C. HARRELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>7765 HAVANA HIGHWAY</b> City <b>HAVANA FL</b> Zip Code <b>32333</b>					
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 <b>ROBERT C. HARRELL</b> <i>Robert C Harrell</i> <b>Feb 26, 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>KNAPP, FORREST</b> <b>111 REMINGTON AVE</b> <b>THOMASVILLE, GA 31792</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input checked="" type="checkbox"/> Delete <b>CHASTAIN, OSBORNE</b> <b>105 DEER RIDGE DR</b> <b>THOMASVILLE, GA 31792</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input checked="" type="checkbox"/> Delete <b>CHASTAIN, I N</b> <b>5022 HOMER AVE</b> <b>TAMPA, FL 33629</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>CRAWFORD, ELOISE</b> <b>P O BOX 587</b> <b>DOUGLAS, GA 31534</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>HARRELL, ROBERT C</b> <b>RT 3 BOX 785</b> <b>HAVANNA, FL 32333</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>KNAPP, JAY</b> <b>335 N PINETREE BLVD</b> <b>THOMASVILLE, GA 31792</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TAYLOR KNAPP</b> <b>111 REMINGTON AVE</b> <b>THOMASVILLE GA 31792</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	THEO RUABIE JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5353 W. ATLANTIC AVE.</b> <b>DELRAY BEACH, FL 33484</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MAC WILLIAMS</b> <b>P.O. BOX 649</b> <b>THOMASVILLE GA 31799</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>HARRELL, ROBERT C.</b> <b>7765 HAVANA HIGHWAY</b> <b>HAVANA, FL 32333</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>KNAPP, JAY</b> <b>335 N PINETREE BLVD</b> <b>THOMASVILLE, GA 31792</b>				
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: <b>ROBERT C. HARRELL</b> <i>Robert C Harrell</i> <b>Feb 26, 2007 (852) 556-8460</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					