

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 030 ***150.00

DOCUMENT # P99000064303			
1. Entity Name SHOAL RIVER SPORTING CLAYS, INC.			
Principal Place of Business 3985 HWY 90 EAST CRESTVIEW, FL 32539		Mailing Address 3985 HWY 90 EAST CRESTVIEW, FL 32539	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3589157		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCNEESE, BRENDA A 3985 HWY 90 EAST CRESTVIEW, FL 32539		Denise P. Frazure Street Address (P.O. Box Number is N/A) 3985 Hwy 90 East City Crestview FL Zip Code 32539	
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>Denise Frazure</i>		DATE 4-16-07	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MCNEESE, BRENDA A STREET ADDRESS 8729 COLEMANE HOMESTEAD RD CITY-ST-ZIP MOSS POINT, MS 39562	<input checked="" type="checkbox"/> Delete	TITLE President NAME Lawrence Orr STREET ADDRESS 4609 Live Oak Church Rd CITY-ST-ZIP Crestview, FL 32539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME FRAZURE, DENISE STREET ADDRESS 1014 KELL AVE CITY-ST-ZIP PASCAGOULA, MS 39567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME DOSS, CYNTHIA L STREET ADDRESS 3985 HWY 90 EAST CITY-ST-ZIP CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ORR, LAWRENCE D STREET ADDRESS 4609 LIVE OAK CHARLES RD CITY-ST-ZIP CRESTVIEW, FL 32539	<input checked="" type="checkbox"/> Delete	TITLE V.P. NAME Marshall D. Frazure STREET ADDRESS 1014 Kell Avenue CITY-ST-ZIP PASCAGOULA, MS 39567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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>Denise P. Frazure</i>		DATE 4-16-07 (228)327-4105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	