

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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



03142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3589157

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZURE, DENISE P
3985 HWY 90 EAST
CRESTVIEW, FL 32539

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE V
NAME FRAZURE, MARSHALL D
STREET ADDRESS 1014 KELL AVENUE
CITY-ST-ZIP PASCAGOULA, MS 39567

TITLE TS
NAME FRAZURE, DENISE
STREET ADDRESS 1014 KELL AVE
CITY-ST-ZIP PASCAGOULA, MS 39567

TITLE P
NAME ORR, LAWRENCE D
STREET ADDRESS 4609 LIVE OAK CHARLES RD
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Denise Frazure

4/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #