

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90079 048 ***158.75

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1. Entity Name
SWIFT CREEK SPORTSMAN CLUB, INC.



Principal Place of Business
**255 N. LAKE AVE.
LAKE BUTLER, FL 32054**

Mailing Address
**P O BOX 238
LAKE BUTLER, FL 32054**

40040000
1111111111



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3594739	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, AVERY C
255 NORTH LAKE AVE
LAKE BUTLER, FL 32054**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, AVERY C 255 N LAKE AVE LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOLES, LINDA C 6798 CRYSTAL LAKE ROAD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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: Linda C. Boles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

386-496-3509
Daytime Phone #