## Apr 12, 2004 8:00 am Secretary of State **2004 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # V17436 04-12-2004 90242 031 \*\*\*150.00 ROCKY LAKE HUNT CLUB, INC. Principal Place of Business Mailing Address 54030337 3130 NORTHSIDE DR **500 FLEMING ST** KEY WEST, FL 33040 KEY WEST, FL 33040 04092004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0317414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPOTTSWOOD, JOHN M., JR. DO NOT WRITE 500 FLEMING ST KEY WEST, FL 33040 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LUJAN, WAYNE 1104 TRUMAN AVE STREET ADDRESS CITY-ST-ZIP KEY WEST, FL TITLE NAME MOORE, RANDY 1104 TRUMAN AVE STREET ADDRESS CITY-ST-ZIP KEY WEST, FL TITLE NAME SPOTTSWOOD, JOHN M., JR. 500 FLEMING ST STREET ADDRESS DO NOT WRITE CITY-ST-ZIP KEY WEST, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental enjort 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 trut be 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 attactiment with any attacks, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2004 Date

305 - 294 - 6/00

FILED