2004 NOT-FOR-PROFIT CORPORATION

Mar 25, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # 767727** 03-25-2004 90014 035 ****61.25 RAMSEY BEND HUNTING CLUB, INC. Principal Place of Business Mailing Address 24022766 SOUTH OF US 19 AND EAST OF SR 358 P.O. BOX 224 CROSS CITY, FL 32628 CROSS CITY, FL 32628-0224 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-2669992 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, LARRY C HWY 19 SOUTH Street Address (P.O. Box Number is Not Acceptable) CROSS CITY, FL 32628 City Zip Code 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 Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Change ☐ Addition VALENTINE, BRANTLEY NAME NAME P. 0 BOX 1455 NA STREET ADDRESS PO BOX 303 N/A STREET ADDRESS CROSSCITY FL 32 628 CITY-ST-ZIP CROSS CITY, FL 32628 CITY-ST-ZIP Delete Change TITLE ☐ Addition TITLE SMITH, LARRY C NAME NAME STREET ADDRESS HWY 19 SOUTH STREET ADDRESS CITY-ST-7IP CROSS CITY, FL 32628 CUTY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE VALENTINE, JACKIE NAME P.O. BOX 1956 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CROSS CITY, FL 32628 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUSH, KEVIN NAME NAME STREET ADDRESS HWY 349 -HC 4 BOX 423 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLD TOWN, FL 32680 ☐ Change Addition ☐ Delete TITLE TITLE OWENS, ROBERT W NAME NAME STREET ADDRESS **PO BOX 534** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CROSS CITY, FL 32628 ☐ Delete Change Addition TITLE D JONES, BYRON L. NAME

FILED

12. I hereby certify that the information supplied with this filing 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 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 617, 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.

STREET ADDRESS

CITY-ST-ZIP

10630 LELAND HAWES RD.

THONOTOSASSA, FL

STREET ADDRESS

CITY-ST-ZIP

3-22=04 SIGNATURE: R OR DIRECTOR Daytime Phone