

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000109542

**FILED**  
**Feb 19, 2014**  
**Secretary of State**  
**CC6048157360**

**Entity Name:** OAK LEAF HUNTING CLUB, INC.

**Current Principal Place of Business:**

1620 PALM BLVD  
PORT ST JOE, FL 32456

**Current Mailing Address:**

1620 PALM BLVD  
PORT ST JOE, FL 32456

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NOBLES, TEEDY  
1620 PALM BLVD  
PORT ST JOE, FL 32456 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name NOBLES, BARRY  
Address 2111 PALM BLVD  
City-State-Zip: PORT ST JOE FL 32456

Title D  
Name NOBLES, BOBBY  
Address 1304 MCCLELLAN AVE  
City-State-Zip: PORT ST JOE FL 32456

Title D  
Name BURKETT, MIKE  
Address P.O. BOX 596  
City-State-Zip: PORT ST JOE FL 32457

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BARRY NOBLES**

**PRESIDENT**

**02/19/2014**

Electronic Signature of Signing Officer/Director Detail

Date