

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 21, 2004  
Secretary of State**

DOCUMENT# P02000109542

Entity Name: OAK LEAF HUNTING CLUB, INC.

**Current Principal Place of Business:**

1620 PALM BLVD  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1620 PALM BLVD  
PORT ST JOE, FL 32456

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

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

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      NOBLES, BARRY  
Address:                      2111 PALM BLVD  
City-St-Zip:                      PORT ST JOE, FL 32456

Title:                      D                      ( ) Delete  
Name:                      NOBLES, BOBBY  
Address:                      1304 MCCLELLAN AVE  
City-St-Zip:                      PORT ST JOE, FL 32456

Title:                      D                      ( ) Delete  
Name:                      BURKETT, MIKE  
Address:                      2182 CR 30  
City-St-Zip:                      PORT ST JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TEEDY NOBLES

PRES

12/21/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date