


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90023 039 \*\*\*\*61.25

**DOCUMENT # 738599**

1. Entity Name  
**UNIFIED SPORTSMEN OF FLORIDA, INC.**



Principal Place of Business  
 110-A SOUTH MONROE ST  
 P.O. BOX 6565  
 TALLAHASSEE, FL 32301 US

Mailing Address  
 P.O. BOX 6565  
 TALLAHASSEE, FL 32314-6565 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1387**  
 Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

Zip  
**32302** Country  
**USA**



4. FEI Number  
**59-1725104** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SORENSEN, H. T.**  
**135 BELMONT ROAD**  
**TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25 Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRONIS, JOHN RT 3, BOX 456 HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, CHERRY 2332 TREE RIDGE LANE ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDIOLA, RUBEN 6950 N.W. 27 STREET MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SORENSEN, HANK 135 BELMONT ROAD TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, GLEN 11725 SW MEADOWLARK CIR STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HAMMER, MARION P. 110-A S. MONROE STREET TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

**SIGNATURE:** *Marion P. Hammer* **MARION P. HAMMER** 1-24-06 **(850) 222-9518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #