


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000025688**  
 1. Entity Name  
**CLERMONT GUN & SPORTS DEPOT, INC.**



Principal Place of Business      Mailing Address  
**1500 S US HWY 27**      **1500 S US HWY 27**  
**CLERMONT, FL 34711**      **CLERMONT, FL 34711**



07072004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**36-5588421**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BONJORN, PAMELA S**  
**1500 S US HWY 27**  
**CLERMONT, FL 34711**

**DO NOT WRITE 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 *Pamela S Bonjorn*      *[Signature]*      7-8-04  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONJORN, PAMELA S
STREET ADDRESS	1500 S US HWY 27
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	DS
NAME	BONJORN, JOSEPH T
STREET ADDRESS	1500 S US HWY 27
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	T
NAME	GAMPHER, ANITA
STREET ADDRESS	8230 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	GAMPHER, WILLIAM
STREET ADDRESS	8230 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000185324  
 07/12/04-80008-006 150.00

**DO NOT WRITE IN THIS SPACE**

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 607, 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: *[Signature]*      *Pamela S Bonjorn*      7/8/04      352-394-