


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 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**



03162005 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

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	GAMPER, ANITA
STREET ADDRESS	8230 LAKE NELLIE RD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VP
NAME	GAMPER, 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	

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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: *Anita Gamper* *3/17/05* *352-394-2112*
Anita Gamper