


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000025688

1. Entity Name
CLERMONT GUN & SPORTS DEPOT, INC.



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

Mailing Address
**1500 S US HWY 27
 CLERMONT, FL 34711**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-5588421

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

DATE: 02/26/08-80049-023 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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 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:  **PAMELA S. BONJORN** 2/13/08 352/267-6003

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