

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025688

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: CLERMONT GUN & SPORTS DEPOT, INC.

## Current Principal Place of Business:

1500 S US HWY 27  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

1500 S US HWY 27  
CLERMONT, FL 34711

## New Mailing Address:

FEI Number: 36-5588421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONJORN, PAMELA S  
1500 S US HWY 27  
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BONJORN, PAMELA S  
Address: 1500 S US HWY 27  
City-St-Zip: CLERMONT, FL 34711

Title: DS ( ) Delete  
Name: BONJORN, JOSEPH T  
Address: 1500 S US HWY 27  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: GAMPHER, ANITA  
Address: 8230 LAKE NELLIE RD  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: GAMPHER, WILLIAM  
Address: 8230 LAKE NELLIE RD  
City-St-Zip: CLERMONT, FL 34711

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PAMELA S. BONJORN

DP

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date