2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State
03-24-2004 90046 043 ***150.00

DOCUMENT # S88169

1. Entity Name
SHOOTING SPORTS, INC.

Principal Place of Business	Mailing Address
7811 N DALE MABRY HWY TAMPA FL 33614	7811 N DALE MABRY HWY TAMPA FL 33614

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3099496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIELVOGEL, MARY E
6080 MASTERS BLVD.
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name MARGARET C. FLESCHE
Street Address (P.O. Box Number is Not Acceptable) 21632 STATE RD. 54
#165
City LUTZ FL Zip Code 33549

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 Margaret C. Flesche 4/1/04
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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPIELVOGEL, MARY E 6080 MASTERS BLVD. ORLANDO FL 32819	☒ Delete	P FREDRICK J. FLESCHE 6080 DEAN: DR WASHINGTON, NC 27889	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUNNINGHAM, TONY 100 ASHLEY DR. SOUTH, STE. 100 TAMPA FL	☐ Delete	S MARGARET C. FLESCHE 21632 S.R. 54 #165 LUTZ, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Fredrick J. Flesche FREDRICK J. FLESCHE 3/14/04 813-310-3019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #