## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 414462**

1. Entity Name

SPORTSMAN'S PARADISE OF WELAKA, INC.



FILED Jan 10, 2007 08:00 AM Secretary of State

Fee Required

Principal Place of Business

Mailing Address

29 INDUSTRIAL ST. N.W.

FT. WALTON BEACH, FL. 32548

P.O. BOX 2438

FT. WALTON BEACH, FL 32549



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WELLS, ESTEENA K 92 HILLCREST WAY DEFUNIAK SPRINGS, FL 32435

## 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 # applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TETLE WELLS, ESTEENA K STREET ADDRESS 92 HILLCREST WAY CITY-ST-ZIP **DEFUNIAK SPRINGS, FL** U00000581022 TITLE 01/10/07-80071-005 150.00 GILMORE, J.M. NAME STREET ADDRESS 29 INDUSTRIAL ST. N.W. CITY-ST-ZIP FT. WALTON BEACH, FL 32548 TITI E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 ceth; 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 M. Alfons

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/8/07 (859243-8164