2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 414462

Entity Name: SPORTSMAN'S PARADISE OF WELAKA, INC.

Current Principal Place of Business:

29 INDUSTRIAL ST. N.W.
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

200 MIRACLE STRIP PARKWAY SW
#902
FT. WALTON BEACH, FL 32548

Current Mailing Address:

P.O. BOX 2438
FT. WALTON BEACH, FL 32549

New Mailing Address:

200 MIRACLE STRIP PARKWAY SW
#902
FT. WALTON BEACH, FL 32548

FEI Number: 59-1428684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, ESTEENA K
92 HILLCREST WAY
DEFUNIAK SPRINGS, FL 32435 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: P ( ) Delete
Name: WELLS, ESTEENA K
Address: 92 HILLCREST WAY
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: ST ( ) Delete
Name: GILMORE, J.M.
Address: 29 INDUSTRIAL ST. N.W.
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition
Name: GILMORE, J.M.
Address: 200 MIRACLE STRIP PARKWAY SW #902
City-St-Zip: FT. WALTON BEACH, FL 32548

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: J. M. GILMORE S/T 03/18/2009

Electronic Signature of Signing Officer or Director Date