2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 436897

City-St-Zip:

City-St-Zip:

Title:

Name: Address: FLORAL CITY, FL 34436

FLORAL CITY, FL 34436

COLLETTE, JAMES E

() Delete

MGRM

US HWY 41

FILED Aug 30, 2007 Secretary of State

DOCON	1L111# 7000	551			Secretary or State	
Entity Na	me: FERRIS F	ARMS, INC.				
-		,				
Current P	rincipal Place	of Business:	New Pri	ncinal Plac	e of Business:	
Current	illicipai i lace	or Business.	New Fill	icipai r iac	e of Dusiliess.	
	ORIDA AVE DITY, FL 34436	US				
Current Mailing Address:			New Mai	New Mailing Address:		
P.O. BOX FLORAL C	909 CITY, FL 34436					
FEI Number: 59-1488932 FE		FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
999 BRICK	JEFFERSON N KELL AVENUE 33131 US					
	named entity se of Florida.	ubmits this statement for the	purpose of changing	ı its registe	red office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent				 Date		
			3			
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FENTON, JAME	AVENUE SUITE 300	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	POWELL, JEFF	AVENUE SUITE 300	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	VP () HERNDON, ALF US HWY 41	Delete RED T,	Title: Name: Address:	VP CALFEE, US HWY	MILTON D	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FLORAL CITY, FL 34436

() Change () Addition

SIGNATURE: JEFFERSON NORMAN POWELL, JR. VS 08/30/2007