

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90003 015 ****61.25

DOCUMENT # 702516 1. Entity Name LAFAYETTE ARMS INC					
Principal Place of Business 2866 NE 30 ST FT. LAUDERDALE, FL 33306				Mailing Address 2866 NE 30 ST FT. LAUDERDALE, FL 33306	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0999437	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NORRIS, SANDRA 2866 NE 30TH ST FT. LAUDERDALE, FL 33306				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, SANDRA		NAME	murphy, Stephen	
STREET ADDRESS	2866 NE 30ST		STREET ADDRESS	2866 n.e 30 st.	
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSLEU, EUGENE		NAME	Lessieu, Eugene	
STREET ADDRESS	2866 N E 30 ST		STREET ADDRESS	2866 n.e 30 st.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LING, DONALD		NAME		
STREET ADDRESS	2866 NE 30TH ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	GIERING, DICK		NAME		
STREET ADDRESS	2866 NE 30TH ST.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOANE, JIM		NAME	Doane, Jim	
STREET ADDRESS	2866 NE 30TH ST		STREET ADDRESS	2866 n.e 30 st.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306		CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 617, 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: <u>Sandra Norris</u> Sandra Norris			2-28-08 954-568-3073		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		