


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90003 020 ****75.00

DOCUMENT # 736532					
1. Entity Name SUNSHINE GUN CLUB, INC.					
Principal Place of Business ZARRELLA ST. PALM CITY, FL 34990 US		Herb Gould 1810 SW Crane Creek Ave Palm City, FL 34990-2216			
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 59-1678907	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRAYLOR, E.M. III FLAMINGO AVE. STUART, FL 34996			Name HERB GOULD Street Address (P.O. Box Number is Not Acceptable) 1810 SW Crane Creek Ave City Palm City FL 34990		
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 HERB GOULD JP/GP 1/9/05 <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	P HATAWAY, BILL D 895 S.W. 34TH TERRACE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREASURER <div style="border: 2px solid black; padding: 5px; display: inline-block;"> G Herb Gould 1810 SW Crane Creek Ave Palm City, FL 34990-2216 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, WILLIAM 8404 S.E. WOODMERE ST. HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGEL, MARVIN 3731 SW SPOONBILL TERRACE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, ROBERT L 1076 S.W. CATALINA ST. PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, ROBERT M 2408 S.W. DAMFORTH CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, PETER 2578 S.E. BLACKWELL DRIVE PORT SAINT LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JP/GP HERB GOULD 1/9/05 778 342 2530 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					