2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 736713

Entity Name: TREATY OAK LONG RIFLES, INC.

Current Principal Place of Business:

6582 DOVE CREEK DRIVE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6582 DOVE CREEK DRIVE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-1759221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDY, STANLEY L. JR
6582 DOVE CREEK DRIVE
JACKSONVILLE, FL 32244 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: IGRAM, ROD,
Address: 1136 LINWOOD LOOP
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete
Name: STANLEY L GOLDY,
Address: 6582 DOVE CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete
Name: ROZEWICZ, ROSCOE,
Address: 2898 HENLEY RD
City-St-Zip: GREEN COVE SPRINGS, FL

Title: VD ( ) Delete
Name: WHEELER, BARRY C
Address: 4136 SAN REMO DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY L GOLDY T 04/28/2006

Electronic Signature of Signing Officer or Director — Date