
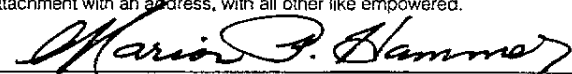


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 738599 1. Entity Name UNIFIED SPORTSMEN OF FLORIDA, INC.					
Principal Place of Business 110-A SOUTH MONROE ST P.O. BOX 6565 TALLAHASSEE FL 32301 US			Mailing Address P.O. BOX 6565 TALLAHASSEE FL 32314-6565 US		
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 59-1725104 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SORENSEN, H. T. 135 BELMONT ROAD TALLAHASSEE FL 32301			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City FL Zip Code		
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) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	P PATRONIS, JOHN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000016678 01/28/04-80064-025 61.25	
NAME	RT 3, BOX 456		NAME		
STREET ADDRESS	HAVANA FL 32333		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SCHROEDER, CHERRY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2332 TREE RIDGE LANE		NAME		
STREET ADDRESS	ORLANDO FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D MENDIOLA, RUBEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8950 N.W. 27 STREET		NAME		
STREET ADDRESS	MIAMI FL 33172		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST SORENSEN, HANK <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	135 BELMONT ROAD		NAME		
STREET ADDRESS	TALLAHASSEE FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V RUBIN, GLEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	11725 SW MEADOWLARK CIR		NAME		
STREET ADDRESS	STUART FL 34997		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ED HAMMER, MARION P. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	110-A S. MONROE STREET		NAME		
STREET ADDRESS	TALLAHASSEE FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			1/26/04 (850) 222-9518 Marion P. Hammer		