2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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6. Name and Address of Current Registered Agent

DOCUMENT # 738599

1. Entity Name

UNIFIED SPORTSMEN OF FLORIDA, INC.

US



Principal Place of Business

Mailing Address

110-A SOUTH MONROE ST

P.O. BOX 1387

P.O. BOX 6565 TALLAHASSEE, FL 32301

SORENSEN, H. T.

135 BELMONT ROAD TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32302 US

Solder betre TO MONTO Anno 18 anno 18 anno 18 FILED Feb 13, 2007 8:00 am Secretary of State

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01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-1725104

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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					TIIIO OFA	JL.	
	named entity submits this statement for the purptions of registered agent.	ose of changing its registered off	ice or re	gistered agent, or bo	oth, in the State of Florida.	I am familiar with, and	accept
SIGNATURE.				equired when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTO	RS	28	Jaka 14	L ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATRONIS, JOHN RT 3, BOX 456 HAVANA, FL 32333						
TITLE NAME STREET AODRESS CITY-ST-ZIP	D SCHROEDER, CHERRY 2332 TREE RIDGE LANE ORLANDO, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDIOLA, RUBEN 8950 N.W. 27 STREET MIAMI, FL. 33172			DC	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SORENSEN, HANK 135 BELMONT ROAD TALLAHASSEE, FL			IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, GLEN 11725 SW MEADOWLARK CIR STUART, FL 34997						
TITLE NAME STREET AOORESS	ED HAMMER, MARION P. 110-A S. MONROE STREET						
CITY-ST-ZIP	TALLAHASSEE, FL		F.,.	4.5			
12. I hereby	certify that the information supplied with this filing	does not qualify for the exempti	ons con	tained in Chapter 1	19. Florida Statutes. I furth	er certify that the inform	nation

12. Thereby certify that the information supplied with this filling 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #