2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 752707

Entity Name: ROYAL STEWART ARMS, INC.

Current Principal Place of Business:

1 ROYAL STEWART PKWY
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1 ROYAL STEWART PKWY
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2007960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, SHARON
1 ROYAL STEWART PKWY
DUNEDIN, FL 34698 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: P ( ) Delete
Name: BLACK, THOMAS
Address: 7 DUNOON PLACE, 205
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete
Name: GAGNE, JACQUELINE
Address: 9 FORBES PL #201
City-St-Zip: DUNEDIN, FL 34698

Title: SD ( ) Delete
Name: SNYDER, JUNE
Address: 5 GATESHEAD DR #104
City-St-Zip: DUNEDIN, FL 34698

Title: VP ( ) Delete
Name: STERRETT, WILLIAM
Address: 9 FORBES PLACE, #202
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: PRETTYMAN, JOHN
Address: 7 DUNOON PL. #217
City-St-Zip: DUNEDIN, FL 34698

Title: SD (X) Change ( ) Addition
Name: TALMAGE, JOANNE
Address: 8 GLENCOE PL #302
City-St-Zip: DUNEDIN, FL 34698

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS A. BLACK P 03/02/2009

Electronic Signature of Signing Officer or Director — Date