
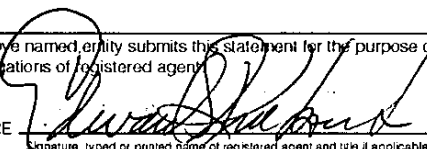
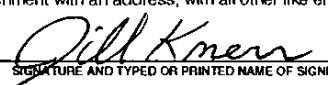


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90042 031 \*\*\*\*61.25

DOCUMENT # 755711			
1. Entity Name ESCAMBIA RIVER MUZZLE LOADERS, INC.			
Principal Place of Business P.O. BOX 333 CANTONMENT, FL 32533 US		Mailing Address P.O. BOX 333 CANTONMENT, FL 32533 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4102005		Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2067266		Applied For Not Applicable	
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	
BYER, GENE 9107 UNTREINER AVE PENSACOLA, FL 32534		Name EDWARD S KRAKOWSKI Street Address (P.O. Box Number is Not Acceptable) 510 W BLOUNT ST City PENSACOLA FL Zip Code 32501	
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 		EDWARD S. KRAKOWSKI 4-11-05	
Filing Fee is \$61.25 Due by May 1, 2005		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 PD	ASBURY, HARRY <input type="checkbox"/> Delete	TITLE PD	LEE, RONALD E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2423 W BAYSHORE RD	STREET ADDRESS	110 GLOVER RD
CITY-ST-ZIP	GULF BREEZE, FL 32561	CITY-ST-ZIP	CENTURY FL 32535
TITLE VD	WADE, SHELDON <input type="checkbox"/> Delete	TITLE VD	MIKE ROBERTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4427 DEAUVILLE WAY	STREET ADDRESS	3581 STRATFORD LN
CITY-ST-ZIP	PENSACOLA, FL 325505	CITY-ST-ZIP	PACE FL 32571
TITLE T.D.	LITTLEFIELD, ROBERT <input type="checkbox"/> Delete	TITLE T.D.	JILL KNERR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	356 BUNKER HILL DR	STREET ADDRESS	1245 PALISADE RD
CITY-ST-ZIP	PENSACOLA, FL 32506	CITY-ST-ZIP	PENSACOLA FL 32504
TITLE SD	HOUGE, THRESA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8800 REDWING DR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32534	CITY-ST-ZIP	
TITLE SD	TOWNSEND, JOHN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3808 SAN GABRIEL DR	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32504	CITY-ST-ZIP	
TITLE D	LEE, RON <input type="checkbox"/> Delete	TITLE D	MICHAEL J ROBINETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	110 GLOVER RD	STREET ADDRESS	6946 CEDAR LAKE DR
CITY-ST-ZIP	CENTURY, FL 32535	CITY-ST-ZIP	PENSACOLA FL 32526
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: 		JILL KNERR 11 APRIL 2005 850-479-3538	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT

46054619

DOCUMENT

#755711

ESCAMBIA RIVER MUEZZLE LOADERS INC

11. CONTINUED

TITLE	D	<input type="checkbox"/> change <input checked="" type="checkbox"/> Addition
NAME	JAMES KNERR	
ADDRESS	1245 PALISADE RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> change <input checked="" type="checkbox"/> Addition
NAME	STEVE GABEL	
ADDRESS	2194 FRONTERA ST	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> change <input checked="" type="checkbox"/> Addition
NAME	EDWARD S KRAKOWSKI	
ADDRESS	510 W BLOUNT ST	
CITY-ST-ZIP	PENSACOLA FL 32501	