


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90172 037 ****61.25

| | |
|--|---|
| DOCUMENT # 755711 1. Entity Name ESCAMBIA RIVER MUZZLE LOADERS, INC. |  |
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|--|--|
| 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 Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

04252006 Chg-NP CR2E037 (11/05)

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2067266 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent KRAKOWSKI, EDWARD S 910 W BLOUNT ST PENSACOLA, FL 32501 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input checked="" type="checkbox"/> Delete |
| NAME | LEE, RONALD E |
| STREET ADDRESS | 110 GLOVER RD |
| CITY-ST-ZIP | CENTURY, FL 32535 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | ROBERTS, MIKE |
| STREET ADDRESS | 3581 STRATFORD LN |
| CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | KNERR, JILL |
| STREET ADDRESS | 1245 PALISADE RD |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | ROBERTS, SANDRA |
| STREET ADDRESS | 3581 STRATFORD LN |
| CITY-ST-ZIP | PACE, FL 32571 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | TOWNSEND, JOHN |
| STREET ADDRESS | 3808 SAN GABRIEL DR |
| CITY-ST-ZIP | PENSACOLA, FL 32504 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | ROBINETTE, MICHAEL J |
| STREET ADDRESS | 6946 CEDAR LAKE DR |
| CITY-ST-ZIP | PENSACOLA, FL 32526 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE | PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERD CHAPPA |
| STREET ADDRESS | 4464 NDRA AVE |
| CITY-ST-ZIP | PACE FL 32571 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing 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: Jill Knerr **JILL KNERR** 24 APRIL 2006 850-479-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOCUMENT #755711
ESCAMBIAC RIVER MUZZLE LOADERS INC

ATTACHMENT
40069388

CONTINUED...

| 10. | 11. |
|--|--|
| TITLE D X Delete NAME JAMES KNERR ADDRESS 1245 PALISADE RD CITY ST ZIP PENSACOLA FL 32504 | D x Add CHRISTOPHER A WILLIAMS 10620 MOTLEY CT PENSACOLA FL 32514 |
| D X Delete STEVE GABEL 2194 FRONTERA ST NAVARRE FL 32566 | D x Add STEVEN STANDLEY 15 NORWICH CIR NICEVILLE FL 32578 |
| D EDWARD S KRAKOWSKI 510 W BLOUNT ST PENSACOLA FL 32501 | |