
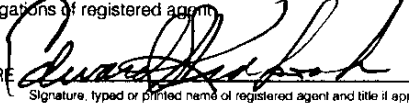
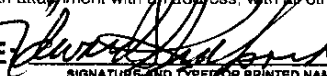


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90194 024 \*\*\*\*61.25

<b>DOCUMENT # 755711</b>			
1. Entity Name <b>ESCAMBIA RIVER MUZZLE LOADERS, INC.</b>			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number <b>59-2067266</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>04172007 Chg-NP</b>		<b>CR2E037 (12/06)</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
KRAKOWSKI, EDWARD S 910 W BLOUNT ST PENSACOLA, FL 32501		Name Street Address (P.O. Box Number is Not Acceptable) <b>510 W BLOUNT ST</b> City <b>PENSACOLA</b> FL Zip Code <b>32501</b>	
PLEASE CORRECT ADDRESS FOR AGENT			
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 REGISTERED AGENT 4-23-07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERD, CHAPPA 4464 NORA AVE PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIM BARNETT 310 CAMDE LN MDLINO FL 32577 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, MIKE 3581 STRATFORD LN PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNERR, JILL 1245 PALISADE RD PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RONDA EASLEY 6549 MINT JULEP TRAIL PENSACOLA FL 32526 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, SANDRA 3581 STRATFORD LN PACE, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOWNSEND, JOHN 3808 SAN GABRIEL DR PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHRIS WILLIAMS 10620 MOTLEY CT PENSACOLA FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINETTE, MICHAEL J 6946 CEDAR LAKE DR PENSACOLA, FL 32526 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		EDWARD S. KRAKOWSKI 4-23-07 850-470-0691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT  
40082703

DOCUMENT #755711

ESCAMBIA RIVER MUZZLE LOADERS INC

... CONTINUED

10.	11.
TITLE D NAME STEVE STANDLEY ADDRESS 15 NORWICH CT CITY ST ZIP NICEVILLE FL 32578	
D EDWARD S KRAKOWSKI 510 W BLOUNT ST PENSACOLA FL 32501	
	MD <input checked="" type="checkbox"/> ADD KEVIN MCCOY 2176 SMYERS RD CANTONMENT FL 32533
	D <input checked="" type="checkbox"/> ADD MIKE HEDERIA 545 MILESTONE BLVD CANTONMENT FL 32533
	D <input checked="" type="checkbox"/> ADD MIKE EASLEY 6549 MINT JULEP TRAIL PENSACOLA FL 32526