2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 821053

1. Entity Name
WORLD WIDE SPORTSMAN, INC.

Principal Place of Business	Mailing Address
81576 OVERSEAS HWY ISLAMORADA, FL 33036	2500 E. KEARNEY SPRINGFIELD, MO 65898 US

DO NOT WRITE IN THIS SPACE

02262007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1198371	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOMMELL JR.,GEORGE
82245 OVERSEAS HWY.
ISLAMORADA, FL 33036

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000695365 04/17/07-80057--008 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	HAGALE, JIM	
STREET ADDRESS	2508 E KEARNEY	
CITY-ST-ZIP	SPRINGFIELD, MO 65898	
TITLE	VP	
NAME	MILLER, TONI	
STREET ADDRESS	6040 SOUTH ROANOKE	
CITY-ST-ZIP	SPRINGFIELD, MO	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

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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 607, 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: _____ _Toni M. Miller_ _2-28-07_ _417-873.5000_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #