2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State-

ANNUAL REPORT					Secretary of State			
DOCUMENT # F97000005425 1. Entity Name JOHNNY MAC'S SPORTING GOODS STORES, INC.					Se	ecretary	oi State	
JOHNNY	MAC'S SPORTING GOODS	510RES, INC.						
Principal Plac	te of Business	Mailing Address	•					
10100 WATS ST. LOUIS, M		10100 WATSON RD, ST. LOUIS, MO 63127		1				
	,		- s ·					
DO NOT WRITE IN THIS SPA			CE	04202006	No Chg-P	CR2E034 (11)	05)	
			CE	4. FEI Numb 43-13			Applied For Not Applicable	
				5. Certificate	e of Status Desired	\$8.75 Fee Re	Additional quired	
	6. Name and Address of Current Re	gistered Agent				-	-	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				DO	NOT W	RITE		
PLANTAT	ION, FL 33324			IN .	THIS SE	PACE		
			<u> </u>					
	e named entity submits this statement for t tions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fi	orida. Tam tamihar	with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Register	ed Agent signature required	d when reinsfating)		DATÉ		
	.E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees				
10.	OFFICERS AND DI	RECTORS			<u> </u>			
TITLE	PD		ł					
NAME STREET ADDRESS	MCARTHUR, JOHN S 10100 WATSON RD.		1					
CITY-ST-ZIP	ST. LOUIS, MO 63127	U00000538623 05/03/06-80067-010 150.00						
TITLE NAME	SD MCARTHUR, RICHARD D		1		50, 50, 1	<i></i>	10 10010	
STREET ADDRESS	10100 WATSON RD.		1					
CITY-ST-ZIP	ST. LOUIS, MQ 63127		1					
INTE	ΤĐ	· · · · · · · · · · · · · · · · · · ·	1					
NAME STORES ADDRESS	MCARTHUR, ROBERT D		1					
STREET ADDRESS CITY-ST-ZIP	10100 WATSON RD. ST. LOUIS, MO 63127		1	DO	NOT W	VRITE		
TITLE			1	IN	THIS SI	DACE		
HAME				114	11110 01	AUL		
STREET ADDRESS CITY-ST-ZIP								
THTLE			1					
NAME								
STREET ADDRESS			1					
CITY-ST-ZIP TITLE			-1					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 prophysical.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/86 3/4-966-576)
Daytime Phone #