ANNUAL REPORT (AR)

CITY-ST-7IP

STREET ADDRESS CITY - ST - 71P

TITLE

NAME

DOCUMENT # G03394 FILED Jan 22, 2007 08:00 AM 1. Entity Name SULLIVAN'S HOLSTER SHOP, INC. **Secretary of State** Principal Place of Business Mailing Address % GREGORY GUTCHER 5515 N. NEBRASKA AVENUE TAMPA FL 33604 % GREGORY GUTCHER 5515 N. NEBRASKA AVENUE TAMPA FL 33604 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-2243887 Not Applicable Zip Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name I wrote on this - then I used white-out on it. If it is a problem - send me brother form to be filled out - Sorry. Yhank you Jran Kutchen GUTCHER, GREGORY 5515 N. NEBRASKA AVENUE Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above nat stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations SIGNATURE Signa tered Agent signature required when reinstating) FILE 9. Election Campaign Financing \$5.00 May Be After May Trust Fund Contribution Added to Fees Make Check Pay 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DST ☐ Change Addition TITLE **GUT** NAME U000000595966 5515 STREET ADDRESS LET ADDRESS 01/23/07-80060-013 TAMi {-SI-ZIP CITY - ST- ZIP Change 151. Abblition DP TITLE **GUTC** NAME NAME 5515 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 CITY - ST-ZIP CHY-ST-7IP Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-7IP ☐ Change Addition BHE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDITISS CJTY - SJ-7IP CHY-St-7IP Delete HILLE 1115 8 ☐ Change Addition NAM NAME STRUET ADDRESS STREET ADDRESS

1 3 77

Change

■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-7IP

CITY-St-7IP

TITEE

NAME STREET ADDRESS

Delete

SIGNATURE: Frances S. Gutcher Frances S. Gutcher 1-18-07 813-236-8791