2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2005 8:00 am Secretary of State

DOCUMENT # G46490 1. Entity Name SANTA ROSA SMALL ARMS TRAINING CENTER, INC.						03-30-2005 9	90042 00	7 ***150	.00
Principal Place of Business 6424 SMITH & WIXON LANE MILTON, FL 32570		Mailing Address 6424 SMITH & WIXON MILTON, FL 32570	6424 SMITH & WIXON LANE				5	VV327	245
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03242005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State	City & State		4. FEI Number NOT APF	LICABLE			plied For t Applicable
Zip	Country	Zip	Zip Country		5. Certificate of		_ L	8.75 Add ee Required	
	6. Name and Address of Cur	rent Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
WIXON, J.I	В			Name M V R T	-Le L	. wi	XON		
6424 SMITH & WIXON LANE MILTON, FL 32570					(P.O. Box Number	is Not Acceptable		LAN	ie.
				City	TON		FL	Zip Code	570
	named entity submits this stateme	ent for the purpose of changing i	ts registere			, in the State of Flo	orida. I am f		
the obligati	tions of registered agent.	Aug.	/			. 0		·	
SIGNATURE	Signature, lyped or printed pame of registered	agent and little of applicable. (IX	OTE: Registere	d Agent signature require	ed when reinstating)	· · · · · · · · · · · · · · · · · · · 	-26- DATE	· 05.	•
FIL.	E NOW!!! FEE IS \$150.00	9. Election Camp	paign Finar		5.00 May Be ded to Fees				
- Alto III	ay 1, 2005 Fee will be \$5	50.00			ded to rees	• • • •			•
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: AVETLE L. WIX of Mylle L. Wifer 3-28-05 850/675-674

Dete Dete Dete Descriptions of Signature and typed on printed name of Signature and typed on typed