


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90046 029 ***150.00

DOCUMENT # H26831 1. Entity Name SONNY'S GUN SHOP, INCORPORATED					
Principal Place of Business 11959 N. FLORIDA AVE TAMPA FL 33612			Mailing Address 11959 N. FLORIDA AVE TAMPA FL 33612		
2. Principal Place of Business 6221 Lando' Lakes Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Lando' Lakes FL		City & State Same		4. FEI Number 59-2424181	
Zip 34637 Country PASCO		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUARTE, ANTONIO, III 11959 N. FLORIDA AVENUE TAMPA FL 33612			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6221 Lando' Lakes Blvd City Lando' Lakes State FL Zip Code 34637		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) Date 2/27/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUARTE, ANTONIO, JR. RT 8, 4010 HUDSON TER TAMPA FL	<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	TSD DUARTE, ANTONIO, III RT 8, 4010 HUDSON TER TAMPA FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6221 Lando' Lakes Blvd LANDO' LAKES FL 34637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE, PAULINE RT 8, 4010 HUDSON TER TAMPA FL	<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	D Kim Duarte 6221 Lando' Lakes Blvd LANDO' LAKES FL 34637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE, ANTONIO, III 6221 Lando' Lakes Blvd LANDO' LAKES FL 34637	<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	D DUARTE, ANTONIO, III 6221 Lando' Lakes Blvd LANDO' LAKES FL 34637	<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 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: _____ Antonio Duarte Jr 2/27/04 8139337049 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					