2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # H37604 1. Entity Name THE GUN SITE RANGE, INC. Principal Place of Business Mailing Address % STEVEN G KENNEDY 124 SURF DR COCOA BEACH FL 32931-3310 125 S BANANA RIVER DR MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2493142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, STEVEN G. 124 SURF DRIVE Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD THUE Defete Change ☐ Addition KENNEDY, STEVEN G. NAME NAME 124 SURF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL CITY-ST-ZIP UNN000231243 □ Change 02/16/05-80022-018 150.00 TITLE ☐ Delete DRE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Deleie TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP TITLE Delete TiT1 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CHY-SI, 7tP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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

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Steven 6. Kennedy 2/14/05 321-453-2071

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