

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # H37604**

1. Entity Name  
**THE GUN SITE RANGE, INC.**

Principal Place of Business  
**125 S BANANA RIVER DR  
 MERRITT ISLAND FL 32952  
 US**

Mailing Address  
**125 S BANANA RIVER DR  
 MERRITT ISLAND FL 32952  
 US**



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

City & State

4. FEI Number **59-2493142**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, STEVEN G.  
 124 SURF DRIVE  
 COCOA BEACH FL 32931**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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  
 After May 1, 2007 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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-STATE-ZIP

PD  
**KENNEDY, STEVEN G.  
 124 SURF DRIVE  
 COCOA BEACH FL**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

Change  Addition

**U00000658501  
 03/15/07-80040-008 150.00**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

Change  Addition

TITLE  
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 STREET ADDRESS  
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

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Delete

TITLE  
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 CITY-STATE-ZIP

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.

SIGNATURE: Steven G. Kennedy  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07  
 Date

321-453-2071  
 Daytime Phone #