## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # J02654** 05-03-2004 90456 007 \*\*\*150.00 LAWMEN'S AND SHOOTERS' SUPPLY OF FT. PIERCE, INC. Principal Place of Business Mailing Address 7750 9TH STREET SW 7750 9TH STREET SW VERO BEACH, FL 32968 VERO BEACH, FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) Cha-P Applied For 4. FEI Number City & State City & State 59-2670429 Not Applicable Zip Country Zip 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 KNIGHT, C. REED JR Street Address (P.O. Box Number is Not Acceptable) 7750 9TH STREET S.W. VERO BEACH, FL 32968 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE **PST** Delete ☐ Change TITLE MCCLURE, WILLIAM H., JR. NAME NAME STREET ADDRESS STREET ADDRESS 7750 9TH STREET S.W VERO BEACH, FL CITY-ST-ZIP CITY-ST-7IP P/S/T Delete TITLE Change Addition TITLE Knight, C. Reed, Jr. 7750 9th St. S.W. KNIGHT, C. REED, JR. NAME STREET ADDRESS 7750 9TH STREET S.W. STREET ADDRESS Vero Beach, FL 39268-9298 CITY-ST-ZIP VERO BEACH, FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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. 04/28/04 C. Reed Knight, Jr. SIGNATURE: HATED NAME OF SIGNING OFFICER OR DIRECTOR