


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # K27864 1. Entity Name GULF BREEZE PISTOL, INC.	
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Principal Place of Business 5253 GULF BREEZE PKWY GULF BREEZE, FL 32563	Mailing Address 5253 GULF BREEZE PKWY GULF BREEZE, FL 32561
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2936428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCCAA, EDWIN D 1643 COLLEGE PKWY GULF BREEZE, FL 32561
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**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCAA, EDWIN DUKE 1643 COLLEGE PKWAY GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, CHARLES C 3608 OLD LEEDS ROAD BIRMINGHAM, AL 35213
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCAA, EDWIN D II 32 N. I STREET PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/05/05-80119-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Edwin D. Mccaa II 4/24/05 850-932-4867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EDWIN D. MCCAA II