

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K27864

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: GULF BREEZE FIREARMS, INC.

**Current Principal Place of Business:**

5253 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

5253 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

5253 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Mailing Address:**

5253 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 US

FEI Number: 59-2936428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCAA, EDWIN D  
1643 COLLEGE PKWY  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCAA, EDWIN DUKE  
Address: 1643 COLLEGE PKWAY  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: V  
Name: ANDERSON, CHARLES C  
Address: 133 DEERWOOD LAKE DR  
City-St-Zip: HARPERSVILLE, AL 35078 US

Title: T  
Name: MCCAA, EDWIN D II  
Address: 32 N. I STREET  
City-St-Zip: PENSACOLA, FL 32501 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWIN D MCCAA

PRES

04/29/2011

Electronic Signature of Signing Officer or Director

Date