




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L95964 <small>1. Entity Name</small> GUN-HO, INC.			
<small>Principal Place of Business</small> 2001 E. HILLSBOROUGH AVENUE TAMPA, FL 33610		<small>Mailing Address</small> 2001 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	
DO NOT WRITE IN THIS SPACE			 04052004 No Chg-P CR2E034 (10/03)
		<small>4. FEI Number</small> 59-3037214	<small>Applied For</small> <input type="checkbox"/> Not Applicable
		<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
FORD, DAVID 1522 W. ALICIA AVE. TAMPA, FL 33604		DO NOT WRITE IN THIS SPACE	
<small>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.</small>			
SIGNATURE:  <i>President</i>		DATE: <i>20 April 04</i>	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000126806 04/23/04-80040-019 150.00	
10. OFFICERS AND DIRECTORS			
<small>TITLE</small>	PT FORD, DAVID A. 1522 W. ALICIA AVE. TAMPA, FL 33603,		
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>	VPS LONG, MARK E. 15421 BELLANY BROTHERS BLVD DADE CITY, FL 33523		
<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
<small>TITLE</small>			
<small>NAME</small>			
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<small>NAME</small>			
<small>STREET ADDRESS</small>			
<small>CITY - ST - ZIP</small>			
DO NOT WRITE IN THIS SPACE			
<small>12. I hereby certify that the information supplied with this filing 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.</small>			
SIGNATURE:  <i>President</i>		DATE: <i>20 April 04</i> 813-239-3233	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	