## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 11, 2008 08:00 AN DOCUMENT # M91301 **Secretary of State** 1. Entity Name AMERICAN SPORTSMAN, INC. OF TALLAHASSEE Principal Place of Business Mailing Address 3964-4 3964-4 CENTURY PARK CIRCLE SOUTH CENTURY PARK CIRCLE SOUTH TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304 CR2E034 (11/05) No Chg-P 01182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2902026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINN, CHARLES LARRY, JR. DO NOT WRITE 3964-4 CENTURY PARK CIRCLE SOUTH IN THIS SPACE TALLAHASSEE, FL 32304 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DP QUINN, CHARLES LARRY, JR NAME 659 EARLS SLOUGH CT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TITLE STREET ADDRESS

02/20/08-80013-006 150.00

## DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 eath, that it am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the rece changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-576-4851