

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90058 045 \*\*\*\*61.25

**DOCUMENT # N00000004931**

1. Entity Name

PRO-FLIGHT ARCHERS, INC.



Principal Place of Business

125 BIRCHWOOD DRIVE  
MAITLAND FL 32751  
US

Mailing Address

125 BIRCHWOOD DRIVE  
MAITLAND FL 32751  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGOVERN, HELEN  
125 BIRCHWOOD DRIVE  
MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODENBO, TROY	
STREET ADDRESS	7015 MARKHAM ROAD	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUGERING, JOHN	
STREET ADDRESS	22 SANFORD AVENUE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCGOVERN, HELEN	
STREET ADDRESS	125 BIRCHWOOD DRIVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDER, LINDA	
STREET ADDRESS	901 LIMWOOD AVENUE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLON, FRANK	
STREET ADDRESS	4000 S. SANFORD AVE.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, JOHN	
STREET ADDRESS	4122 IVEYGLEN AVE	
CITY-ST-ZIP	ORLANDO FL 32826	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	42851 ROYAL TRAILS ROAD	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:**

*Helen Mc Govern*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05 407-665-7212

Date

Daytime Phone #