

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004931

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: PRO-FLIGHT ARCHERS, INC.

## Current Principal Place of Business:

125 BIRCHWOOD DRIVE  
MAITLAND, FL 32751 US

## New Principal Place of Business:

2460 CHAIN STREET  
WINTER PARK, FL 32789 US

## Current Mailing Address:

125 BIRCHWOOD DRIVE  
MAITLAND, FL 32751 US

## New Mailing Address:

2460 CHAIN STREET  
WINTER PARK, FL 32789 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENDICOTT, HELEN  
125 BIRCHWOOD DRIVE  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

FANNING, SALLI  
2460 CHAIN STREET  
WINTER PARK, FL 32789 US

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: SALLI JO FANNING

01/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODENBO, TROY  
Address: 42851 ROYAL TRAILS ROAD  
City-St-Zip: EUSTIS, FL 32736

Title: VP ( ) Delete  
Name: LUGERING, JOHN  
Address: 22 SANFORD AVENUE  
City-St-Zip: DEBARY, FL 32713

Title: ST ( ) Delete  
Name: ENDICOTT, HELEN  
Address: 125 BIRCHWOOD DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: HOLDER, LINDA  
Address: 901 LIMWOOD AVENUE  
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete  
Name: PETERS, JOHN  
Address: 4122 IVEYGLEN AVE  
City-St-Zip: ORLANDO, FL 32826

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CAHILL, SEAN  
Address: 329 SEASONS COURT  
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change ( ) Addition  
Name: JAMES, CALVIN  
Address: 2460 CHAIN STREET  
City-St-Zip: WINTER PARK, FL 32789

Title: ST (X) Change ( ) Addition  
Name: FANNING, SALLI  
Address: 2460 CHAIN STREET  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLI FANNING

ST

01/23/2007

Electronic Signature of Signing Officer or Director

Date