

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED

06 FEB 23 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000006538


1. Entity Name
SHOOTING ARMS, INC.



| | |
|--|---|
| Principal Place of Business 702 MASSACHUSETTS AVE #174 PENSACOLA, FL 32505 | Mailing Address 2702 MASSACHUSETTS AVE #174 PENSACOLA, FL 32505 |
|--|---|

| | |
|--|---|
| Principal Place of Business 228 Aquamarine Ave | 3. Mailing Address P.O. Box 36342 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------------------------------|--------------------------------------|
| City & State Pensacola, FL | City & State Pensacola, FL |
| Zip 32505 | Country Escambia |
| Zip 32506 | Country Escambia |



02232006 Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKERSON, KENNETH
2702 MASSACHUSETTS AVE #174
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

Name **Kenneth R. Dickerson**

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

City **Pensacola** FL Zip Code **32505**

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 *Kenneth R. Dickerson* DATE 2-23-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|---|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PCEO | <input type="checkbox"/> Delete |
| NAME | DICKERSON, KENNETH | |
| STREET ADDRESS | 2702 MASSACHUSETTS AVE #174 | |
| CITY-ST-ZIP | PENSACOLA, FL 32505 | |
| TITLE | VST | <input checked="" type="checkbox"/> Delete |
| NAME | DICKERSON, KENNETH | |
| STREET ADDRESS | 2702 MASSACHUSETTS AVE #174 | |
| CITY-ST-ZIP | PENSACOLA, FL 32505 | <i>Delete</i> |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 400067378904 | |
| CITY-ST-ZIP | 03/08/06--01008--024 **211.25 | |
| TITLE | Vice President/Board of Director Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Anthony Bell | |
| STREET ADDRESS | 8550 Touchton Rd Apt. 138 | |
| CITY-ST-ZIP | Jacksonville, FL 32206 | |
| TITLE | Treasurer/Board of Director Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lloyd Townsend | |
| STREET ADDRESS | 2350 Coniferous Dr. | |
| CITY-ST-ZIP | Belleville, IL 62221 | |
| TITLE | Board of Director Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marcus Townsend | |
| STREET ADDRESS | 98-410 Koauka Loop # 75 | |
| CITY-ST-ZIP | Aiea, HI 96701 | |
| TITLE | Board of Director Member | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rodney Maddox | |
| STREET ADDRESS | 228 Aquamarine Ave | |
| CITY-ST-ZIP | Pensacola, FL 32505 | |
| 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 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 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: *Kenneth R. Dickerson* DATE 2-23-06 850-251-5524

K. Eckel FEB 23 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #