

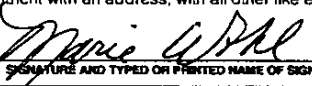


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90251 011 \*\*\*\*61.25

<b>DOCUMENT # N25243</b> 1. Entity Name <b>PHOENIX GUN CLUB, INC.</b>					
Principal Place of Business P.O. BOX 10432 BROOKSVILLE, FL 34603-0432 US				Mailing Address P.O. BOX 10432 BROOKSVILLE, FL 34603-0432 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REPASI, CARROLL J 27127 FRAMPTON AVENUE BROOKSVILLE, FL 34602				Name <b>COSIMO R. MARTINETTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>25273 ASH STREET</b> City <b>BROOKSVILLE</b> FL Zip Code <b>34601</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>COSIMO R. MARTINETTO</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4-18-05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REPASI, CARROLL J		NAME	COSIMO R. MARTINETTO	
STREET ADDRESS	27127 FRAMPTON AVE		STREET ADDRESS	25273 ASH STREET	
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWEENEY, HAROLD D		NAME	HAROLD D. SWEENEY	
STREET ADDRESS	25373 LADYHAWK LANE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE		
NAME	WOHL, MARIE		NAME		
STREET ADDRESS	6369 EMERSON RD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE		
NAME	MAZZATTA, MICHAEL JR.		NAME		
STREET ADDRESS	14699 LINDEN DR		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE		
NAME	AYER, CAROL W		NAME		
STREET ADDRESS	26377 RICHBARN RD.		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		MARIE WOHL		4-18-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50041633



01072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2899736

Applied For  
Not Applicable

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

**Filing 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	D <input checked="" type="checkbox"/> Delete	
NAME	REPASI, CARROLL J	
STREET ADDRESS	27127 FRAMPTON AVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	D <input type="checkbox"/> Delete	
NAME	SWEENEY, HAROLD D	
STREET ADDRESS	25373 LADYHAWK LANE	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	DT <input type="checkbox"/> Delete	
NAME	WOHL, MARIE	
STREET ADDRESS	6369 EMERSON RD	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE	DP <input type="checkbox"/> Delete	
NAME	MAZZATTA, MICHAEL JR.	
STREET ADDRESS	14699 LINDEN DR	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	DS <input type="checkbox"/> Delete	
NAME	AYER, CAROL W	
STREET ADDRESS	26377 RICHBARN RD.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COSIMO R. MARTINETTO	
STREET ADDRESS	25273 ASH STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAROLD D. SWEENEY	
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		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  MARIE WOHL 4-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #