


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N25243
 1. Entity Name
PHOENIX GUN CLUB, INC.



Principal Place of Business Mailing Address
 P.O. BOX 10432 P.O. BOX 10432
 BROOKSVILLE, FL 34603-0432 US BROOKSVILLE, FL 34603-0432 US

DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2899736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINETTO, COSIMO R
25273 ASH STREET
BROOKSVILLE, FL 34601

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UNIFORMS18A21
 05/02/06-80029-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARTINETTO, COSIMO R 25273 ASH STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SWEENEY, HAROLD D 25373 LADYHAWK LANE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT WOHL, MARIE 6369 EMERSON RD BROOKSVILLE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP MAZZATTA, MICHAEL JR. 14699 LINDEN DR SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS AYER, CAROL W 26377 RICHBARN RD. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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: Marie Wohl **MARIE WOHL** 4-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #