


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N50084</b> 1. Entity Name THE KOCKRITZ RIFLES, INC.	
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Principal Place of Business 7408 TEXAS TRAIL BOCA RATON, FL 33487	Mailing Address 7408 TEXAS TRAIL BOCA RATON, FL 33487
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**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0360239	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

CRANMER, R. BRUCE  
1401 UNIVERSITY DRIVE  
SUITE 302  
CORAL SPRINGS, FL 33071

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IN THIS SPACE**

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 \_\_\_\_\_

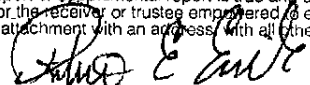
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZAREFSKY, MEL 7481 NW 23RD ST SUNRISE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TODD, ROBERT 11831 BAY PLACE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ENIK, ROBERT E. 7408 TEXAS TR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000265938  
03/17/05-80010-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Robert E. Enik** **3/15/05** **561-441-6633**

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