2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000004884

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90346 020 ****61.25

1. Entity Name CLEARWATER BULLETS, INC.					ı				
6634 WOODLAND BLVD P.O.		Mailing Address P.O. BOX 6153 CLEARWATER, FL 3375	. BOX 6153		24047781				
2. Principal Place of Business 3. Mai		3. Mailing Address	ailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	uite, Apt. #, etc.		04142004 Ci	ng-NP C	R2E037 (10/03)		
City & State		City & State	ity & State		4. FEI Number NOT APPLI	CABLE		plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of St	atus Desired [\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MARTIN, JOANN				Name					
6634 WOODLAND BLVD PINELLAS PARK, FL 33781			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
			City	City FL Zip Code					
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.									
ine congenera or registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$61.25 Due by May 1, 2004		Trust Fund Co	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 DIREC		11.	A	DDITIONS/CHANG		****	$\overline{}$	
TITLE NAME STREET ADDRESS	PD HENDERSON, DIANE 535 PALMDALE DRIVE	Delete	TITLE NAME STREET ADDRESS		Frank Log 374 wood			Addition	
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		Tarpon Sp				
TITLE Name	VD WEAVER, CAROL	☐ Delete	TITLE NAME		Jeannie Fl		☐ Change	Addition	
STREET ADDRESS	1920 SAGINAW COURT		STREET ADDRESS	(905 wood	ley Koaa			
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP		Clearwat	er, FL:	33764		
TITLE NAME	TD "MARTIN-JOANN	☐ Delete	TITLE NAME	D	Joe Gian	nbalvo	☐ Change	★ Addition	
STREET ADDRESS	6634 WOODLAND BLVD PINELLAS PARK, FL 33781		STREET ADDRESS				~~766		
CITY-ST-ZIP	SD SD	V7 0-1	CITY-ST-ZIP	_	Clearus	•	<u>33755</u>	Name of the last o	
NAME	CEFALO, STEPHANIE	Delete Delete	TITLE NAME	\mathcal{D}	barry Sr 7443 119	avers	☐ Change	Addition	
STREET ADDRESS	2496 CLUBSIDE COURT APT, #71	4	STREET ADDRESS		7443 114	mave.			
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP		Largo, 1	FL 337	73		
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	ZELSKI, MICHAEL 3261 SANDY RIDGE DRIVE		NAME						
CITY-ST-ZIP	CLEARWATER, FL 33761		STREET ADDRESS CITY-ST-ZIP						
TITLE	D	□ Delete	TITLE				Change	Addition	
NAME	LIGHTNER, JERRY	□ Delete	NAME				Change	Addition	
STREET ADDRESS	2355 WETHERINGTON RD		STREET ADDRESS					j	
CITY - ST - ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP					_	

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:

