FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90226 001 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000023548

1. Entity Name
PAINTBALL PRO SHOP, INC.

14010600

Principal Place of Business	Mailing Address
2500 DAVIE BLVD. FT. LAUDERDALE, FL 33312	2500 DAVIE BLVD. FT. LAUDERDALE, FL 33312

02182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
215 S. STATE ROAD 7	215 S. STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FLORIDA	City & State: PLANTATION, FLORIDA
Zip: 33317 Country: BROWARD	Zip: 33317 Country: BROWARD

4. FEI Number: 65-0985430 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLMSTEAD, JERRY
2500 DAVIE BLVD.
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 215 S. STATE ROAD 7
City: PLANTATION FL Zip Code: 33317

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	OLMSTEAD, JERRY		NAME		
STREET ADDRESS	2500 DAVIE BLVD		STREET ADDRESS	215 S. STATE ROAD 7	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	PLANTATION, FLORIDA 33317	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: [signature] Jerry D. Olmstead Feb 23 04 954 583-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #