

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P00000113757

1. Entity Name  
UNEEDA GUN AND AMMO, INC.



Principal Place of Business

4121 NW 44TH AVE  
E 13 #7  
OCALA, FL 34478

Mailing Address

P.O.BOX 770300  
OCALA, FL 34477-0303

**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3688690

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MILES, DONALD S JR  
4121 NW 44TH AVE  
E 13 #7  
OCALA, FL 34478

**DO NOT WRITE  
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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MILES, DONALD S JR
STREET ADDRESS	4121 NW 44TH AVE., E-13 #7
CITY - ST - ZIP	OCALA, FL 34478
TITLE	DV
NAME	MILES, MARINA
STREET ADDRESS	4121 NW 44TH AVE., E-13 #7
CITY - ST - ZIP	OCALA, FL 34478
TITLE	DS
NAME	MILES, DONALD
STREET ADDRESS	4121 NW 44TH AVE., E-13 #7
CITY - ST - ZIP	OCALA, FL 34478
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000256004  
03/08/05-80041-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Donald S. Miles Sec. Donald S. Miles 2/21/05 352-237-6260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #