## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2005 08:00 AM Secretary of State

50011		Secretary of State				
DOCUMENT # P01000048253  1. Entity Name DAVENPORT GUNS & AMMO, INC.						
Principal Plac	ce of Business	Mailing Address		]		
15037 BRIG Davie, FL 3		15037 BRIGHTON LANE	<u>-</u> .	ļ		
DAVIE, FL 3	9333 I	DAVIE, FL 33331				
				]	ilott nadis onlit natit natit e	1881 (B118 11881 B1188 11188) (6 1887
			taka tubi yi tuo kay <u>Propinsi</u>	04182005 N	lo Chg-P CF	32E034 (10/03)
L	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
			êrdîn	65-110666	9	Not Applicable
				5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	masja spravije speciti		handa karan an a	
	ESQ, JOHN C		•	OT WRI	TE	
	RISON ST STE 1805 DOD, FL 33020	, ·				
11022111	50D, 1 E 000E0		IN TH	IS SPAC	CE	
				•		
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in	the State of Florida.	am femiliar with, and accept
ແ ເສ ຜິນແມືສ	uons oi registereo agent.					
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE Registers	nd Agent signature required	when reinstating)	D.	ATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Election Campaign Fina     Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND D	DIRECTORS		* * * * * * * * * * * * * * * * * * * *	U0000032	2023
TITLE NAME	PD DAVENPORT, JERRY J				04/21/05-80	2023 103-012 150.00
STREET ADDRESS	15037 BRIGHTON LANE					
CITY-ST-ZIP	DAVIE, FL 33331		e de la company de la comp	errogetistiss is a road colorgia	rderen arreigiarda talda da	
TITLE NAME						, ,
STREET ADDRESS			Í			
CRY-ST-ZIP				illian (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
NAME					,	
STREET ADDRESS CITY-ST-ZIP			ľ	DO N	OT WRI	TF
TILE			hayen haptariyeye			
NAME				IN IN	IS SPAC	je
STREET ADDRESS CITY-ST-ZIP						
TITLE		<del></del>	· · · · · · · · · · · · · · · · · · ·	na tam rang.	manazz, etc.	
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE		<u> </u>				
NAME			Į			
STREET ADDRESS CITY-ST-ZIP	_					
12. I hereby o	certify that the information supplied with t	this filing does not qualify for the exe	mption stated in Se	ction 119.07(3)(i), Flo	rida Statutes. I furthe	r certify that the Information
indicated	on this report or supplemental report is	true and accurate and that my signa	hure shall have the s	same lenet effect as if	made under oath, th	at I am an officer or director

12. I hereby certify that the information supplied with this filling 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:

SCHADURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 954-434-4655