

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076106

Entity Name: MO'S PAINTBALL SHOP, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

1208 DUNCAN STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

ROBERT KOSKE
1208 DUNCAN STREET
KEY WEST, FL 33040

New Mailing Address:

1208 DUNCAN STREET
KEY WEST, FL 33040

FEI Number: 65-1131892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: KOSKE, ROBERT
Address: 1208 DUNCAN ST.
City-St-Zip: KEY WEST, FL 33040

Title: DP () Delete
Name: GIBB, YVONNE
Address: 516 N. PARKWAY
City-St-Zip: GOLDEN BEACH, FL 33160

Title: VP () Delete
Name: ADAM, GIBB
Address: 8911 BYRON AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: DS () Delete
Name: GITOMER, ARNOLD J
Address: 350 5TH AVENUE, STE 609
City-St-Zip: NEW YORK, NY 101180685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KOSKE

DT

01/22/2009

Electronic Signature of Signing Officer or Director

Date