


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000111888  
 1. Entity Name  
**ANC WEAPONS, INC.**



Principal Place of Business 222 N. WOODLAND BLVD DELAND, FL 32720	Mailing Address 222 N. WOODLAND BLVD DELAND, FL 32720
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**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3758765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

MATHEUS, ERNST G  
 222 N. WOODLAND BLVD  
 DELAND, FL 32720

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000083458 03/10/04-80039-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATHEUS, ERNST G 1785 PINE STR. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLSEN, MICHAEL J 1605 OLD DAYTONA RD. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ernst Matheus **ERNST MATHEUS** **3-8-04** **386-734-7720**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #