

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 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



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

| | |
|------------------------|-------------------------|
| TITLE | P |
| NAME | MATHEUS, ERNST G |
| STREET ADDRESS | 1785 PINE STR. |
| CITY - ST - ZIP | DELAND, FL 32724 |

| | |
|------------------------|-----------------------------|
| TITLE | V |
| NAME | OLSEN, MICHAEL J |
| STREET ADDRESS | 1605 OLD DAYTONA RD. |
| CITY - ST - ZIP | DELAND, FL 32724 |

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10-010748492
12/28/05-P0053-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-05

Date

386-734-7720

Daytime Phone #