

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90305 029 ***150.00

DOCUMENT # P02000020297

1. Entity Name
SHOOT PRODUCTION SUPPLY INC.



Principal Place of Business
**1920 N MIAMI AVE
MIAMI, FL 33136**

Mailing Address
**1920 N MIAMI AVE
MIAMI, FL 33136**

94049472



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0391626	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

**GETKER, PATRICIA
1920 N MIAMI AVE
MIAMI, FL 33136**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	PD
NAME	SAVITZ, MICHAEL
STREET ADDRESS	1920 N MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	VD
NAME	GETKER, PATRICIA
STREET ADDRESS	1920 N MIAMI AVE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	STD
NAME	DOSTER, GREGORY
STREET ADDRESS	21 EDGEWATER DR #2
CITY-ST-ZIP	1930 NORTH MIAMI AVE CORAL GABLES, FL 33133 MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **04/06/04**
Date Daytime Phone #