

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2005 08:00 AM**  
**Secretary of State**

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

**DO NOT WRITE IN THIS SPACE**



05232005 No Chg-P CR2E034 (10/03)

4. FEI Number

03-0391626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
SAVITZ, MICHAEL  
1920 N MIAMI AVE  
MIAMI, FL 33136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
DOSTER, GREGORY  
1920 NORTH MIAMI AVE  
MIAMI, FL 33136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000369667  
06/20/05-80002-004 150.00

**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)(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:

*Michael C. Savitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-17-05  
Date

305-438-9766  
Daytime Phone #