

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90003 021 ***150.00

DOCUMENT # P02000045070

1. Entity Name
TOP GUN PDR TRAINING, INC.



Principal Place of Business
8739 S.R. 52
HUDSON, FL 34667

Mailing Address
8739 S.R. 52
HUDSON, FL 34667

50059880



2. Principal Place of Business
12121 LITTLE RD.
Suite, Apt. #, etc.
294

3. Mailing Address
12121 LITTLE RD.
Suite, Apt. #, etc.
294

07292005 Chg-P CR2E034 (10/03)

City & State
HUDSON, FL

City & State
HUDSON, FL

4. FEI Number
01-0665711

Applied For
Not Applicable

Zip
34667

Country

Zip
34667

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, CASSANDRA M
4411 BEE RIDGE ROAD, #385
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name
CASSANDRA M. RUSSELL
Street Address (P.O. Box Number is Not Acceptable)
40 SARASOTA CENTER BLVD. # 108
City
SARASOTA FL Zip Code
34240

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 *Cassandra M. Russell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/05

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
DEPAUL, KEITH ☐ Delete
STREET ADDRESS
4411 BEE RIDGE RD., #385
CITY-ST-ZIP
SARASOTA, FL 34234

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DEPAUL, KEITH ☒ Change ☐ Addition
STREET ADDRESS
12121 LITTLE RD.
CITY-ST-ZIP
HUDSON, FL 34667

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *KID*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/05 727-237-3943