

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90164 043 \*\*\*158.75

DOCUMENT # P02000132489

1. Entity Name

ACCURATE ARCHERY OF MELBOURNE, INC.



Principal Place of Business

1472 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935

Mailing Address

1472 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

66427157



MOORE CR2E034 (11/03)

4. FEI Number

71-0922997

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALMER, JAMES R  
2770 CLYDESDALE BLVD.  
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



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

10. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE **JAMES R PALMER** ☐ Delete

NAME  
STREET ADDRESS **2770 Clydesdale Blvd**  
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **Vice president** ☐ Delete

NAME **wendy Palmer**  
STREET ADDRESS **2770 Clydesdale Blvd**  
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MANAGER** ☐ Change ☒ Addition

NAME **Forest Palmer**  
STREET ADDRESS **2770 Clydesdale Blvd**  
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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:

*Wendy Palmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04 321 7512303

Date

Daytime Phone #

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/6/2004-90164-043-\$158.75-\$158.75

**Attachment**

66427157



04082004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000132489																																																																																																																	
1. Entity Name ACCURATE ARCHERY OF MELBOURNE, INC.																																																																																																																	
Principal Place of Business 1472 N. HARBOR CITY BLVD. MELBOURNE, FL 32935			Mailing Address 1472 N. HARBOR CITY BLVD. MELBOURNE, FL 32935																																																																																																														
2. Principal Place of Business			3. Mailing Address																																																																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																														
City & State			City & State																																																																																																														
Zip	Country	Zip	Country	4. FEI Number 71-0922997																																																																																																													
				Applied For Not Applicable																																																																																																													
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent PALMER, JAMES R 2770 CLYDESDALE BLVD. MELBOURNE, FL 32934				7. Name and Address of New Registered Agent																																																																																																													
				Name																																																																																																													
				Street Address (P.O. Box Number is Not Acceptable)																																																																																																													
				City																																																																																																													
				FL Zip Code																																																																																																													
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 reappointing)																																																																																																																	
DATE _____																																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																														
<table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JAMES R. PALMER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2770 CLYDESDALE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32934</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VICE PRESIDENT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WENDY PALMER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2770 CLYDESDALE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32934</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input type="checkbox"/> Delete	NAME	JAMES R. PALMER		STREET ADDRESS	2770 CLYDESDALE BLVD		CITY-ST-ZIP	MELBOURNE FL 32934		TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	NAME	WENDY PALMER		STREET ADDRESS	2770 CLYDESDALE BLVD		CITY-ST-ZIP	MELBOURNE FL 32934		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td>PRESIDENT</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>FOREST PALMER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2770 CLYDESDALE BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE FL 32934</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	FOREST PALMER		STREET ADDRESS	2770 CLYDESDALE BLVD		CITY-ST-ZIP	MELBOURNE FL 32934		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete																																																																																																															
NAME	JAMES R. PALMER																																																																																																																
STREET ADDRESS	2770 CLYDESDALE BLVD																																																																																																																
CITY-ST-ZIP	MELBOURNE FL 32934																																																																																																																
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete																																																																																																															
NAME	WENDY PALMER																																																																																																																
STREET ADDRESS	2770 CLYDESDALE BLVD																																																																																																																
CITY-ST-ZIP	MELBOURNE FL 32934																																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																															
NAME	FOREST PALMER																																																																																																																
STREET ADDRESS	2770 CLYDESDALE BLVD																																																																																																																
CITY-ST-ZIP	MELBOURNE FL 32934																																																																																																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
STREET ADDRESS																																																																																																																	
CITY-ST-ZIP																																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																															
NAME																																																																																																																	
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 807, 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: <u>James R. Palmer</u>		09/21/04		321-751-2303																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #																																																																																																													