## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # P02000132489

20	004 FÖR PROF ANNUAL F	•,	FILED Jun 07, 2004 8:00 am					
DOCU 1. Entity Nam	MENT # P020001324			Secretary of State				
ACCURATE ARCHERY OF MELBOURNE, INC.						05-06-2004	90164 043 ***	158.75
Principal Plac	e of Business	Mailing Address						
1472 N. HAI MELBOURN	RBOR CITY BLVD. E FL 32935	1472 N. HARBOR CITY MELBOURNE FL 32935			6642		MARIA SIMIR II MI II MARIA SERIA S	<i>9</i> 1000 0 100
2. Principal Place of Business		3. Mailing Address			F 1 .			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		, .	MOOR	E CR	2E034 (11/03)	
City & Stat	e	City & State	City & State ·		FEI Number 7/ -09	12299	97 A	pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Status	Desired ()	\$8.75 Ad Fee Require	
•	6. Name and Address of Currer	t Registered Agent	Nome	7.	Name and Address	of New Regis	stered Agent	
277	MER, JAMES R O CLYDESDALE BLVD. BOURNE FL 32934	ر الحالية ( القريبة ( الجينة النبي الت	Street Ad	ddress (P.O.	Box Number is Not	Acceptable)		
			City				FL Zip Cod	de
Afte	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department	)	; Registered Agent signatu	ire required when	9. Election Ca	mpaign Financ Contribution.		00 May Be and to Fees
10.	ORIFS IDENT OFFICERS AN	D DIRECTORS	11.	A	DDITIONS/CHANG	S TO OFFICE	RS AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2770 Clydisdal	37934	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7021S	NAGER † Palm Clydio Wourne	dale.	□ Change Blurel 3293 <b>4</b>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Use president wendy Palm 2770 clydesde Melbourne, 2	Delete  Le Bluel  2 32934	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE , NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			,	☐ Change	☐ Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

## 2004 FOR PROFIT CORPORATION

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

ANNUAL REPORT	Astack as and	
DOCUMENT # P02000132489 1. Entity Name		(HIECK MENT

1. Entity Name ACCURATE ARCHERY OF MELBOURNE, INC.				Willer How
ACCOUNT ANGLES OF MELBOOKINE, MC.				
Principal Plac	e of Business	Mailing Address		1/1/27/57
1472 N. HARBOR CITY BLVD. MELBOURNE, FL 32935		1472 N. HARBOR CITY BLVD. Melbourne, Fl. 32935		66427157
	•			E INSTITUTE IN SOME STEE TONI STIM FOR HOUSE HOUSE THE STREET LEVEL (SHEEL IN 180)
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082004 Chg-P CR2E034 (10/03)
City & Stat	e	City & State		4. FEI Number 71 - 092 2997   Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
PALMER,	IAMES D	· ·	Nan	me -
	DESDALE BLVD.		Stre	eet Address (P.O. Box Number is Not Acceptable)
	RNE, FL 32934			
	, , , , , , , , , , , , , , , , , , ,		City	y FL Zip Code
B. The above the obligat	e named entity submits this statement to tions of registered agent.	or the purpose of changing i	s registered office	ice or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.			·	
<u> </u>	Signature, typed or printed name of registered ager	it and atte it applicable. (NC	FIE: Registered Agent	t signature required when reinstating) DATE
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Co.	aign Financing ntribution vic	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	来感受出了	Desein	, TITLE	FITESDENTMANA GING Change Addition
NAME Street adoress	NY Y	THE YELVE	NAME STREET ADDR	FOREST PALMER
CITY-SI-ZIP	messerverse	32934	CITY-ST-ZIP	2770 6291032006
TOFLE	KICK PRESIDE	Delete	TITLE	Change Addition
NAME	WENDY PALA	IER,	NAME	. C. Stage C. Stage
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CITY-ST-ZIP	MELBOORINE	FX 32514	CITY-SI-ZIP	P
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CITY+ST-ZIP			CITY-S1-ZIP	1
TITLE -PARS		Delete	TITLE	Change Addition
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CITY-ST-ZIP	<u> </u>	<u> </u>	CHTY-ST-ZIP	P
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CITY-ST-21P	1		STREET ADDR	
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NAME	2 1	: 🛄 Oalate	· NAME	Change - Addition
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SIREET ADDRESS CITY-ST-ZIP	Treatment and a second a second and a second a second and		NAME STREET ADOP	PRESS OF THE PRESS

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 cath; 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 6lock-10 or 6lock 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

04/21/01