2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P02000132489 1. Entity Name 04-08-2005 90029 041 ***158.75 ACCURATE ARCHERY OF MELBOURNE, INC. Principal Place of Business Mailing Address 1472 N. HARBOR CITY BLVD. MELBOURNE FL 32935 1472 N. HARBOR CITY BLVD. MELBOURNE FL 32935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 71-0922997 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 2770 CLYDESDALE BLVD. **MELBOURNE FL 32934** City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change 🚺 Addition PALMER, JAMES R NAME NAME 2770 CLYDESDALE BLVD STREET ADDRESS STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TETLE PALMER, WENDY NAME NAME STREET ADDRESS 2770 CLYDESDALE BLVD. STREET ADDRESS MELBOURNE FL 32934 CITY-ST-ZIP CITY-ST-71P MGR Change ☐ Addition TITLE Delete NAME PALMER, WENDY NAME STREET ADDRESS 2770 CLYDESDALE BLVD STREET ADDRESS CITY+ST-7IP CITY-ST-7IP MELBOURNE FL 32934 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP meliberRNE ☐ Addition TITLE □ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition THLE ☐ Defete Change NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED