


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P02000132489 1. Entity Name ACCURATE ARCHERY OF MELBOURNE, INC.	
--	---

Principal Place of Business 1472 N. HARBOR CITY BLVD. MELBOURNE, FL 32934	Mailing Address 1472 N. HARBOR CITY BLVD. MELBOURNE, FL 32935
---	---



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0922997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALMER, JAMES R 2770 CLYDESDALE BLVD. MELBOURNE, FL 32934

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE P	NAME PALMER, JAMES R
STREET ADDRESS 2770 CLYDESDALE BLVD	CITY-ST-ZIP MELBOURNE, FL 32934
TITLE VP	NAME PALMER, WENDY
STREET ADDRESS 2770 CLYDESDALE BLVD.	CITY-ST-ZIP MELBOURNE, FL 32934
TITLE MGR	NAME PALMER, FOREST
STREET ADDRESS 1882 NIXON AVE	CITY-ST-ZIP MELBOURNE, FL 32935
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

UD00000740268
05/14/07-80060-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.

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

4-24-07 321 751 2303
Date Daytime Phone #