

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

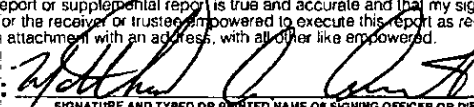
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000007468</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                                                                                                           |                                                                      |  |  |
| 1. Entity Name<br><b>ANTHONY'S POLICE SUPPLY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                                                           |                                                                      |                                                                                   |  |
| Principal Place of Business<br>2700 WEST SILVER SPRINGS BLVD.<br>OCALA, FL 34475                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                                                                                                           | Mailing Address<br>2700 WEST SILVER SPRINGS BLVD.<br>OCALA, FL 34475 |                                                                                   |  |
| 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<br><b>22-3891771</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |                                                                                                                           |                                                                      | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>ARMATO, ANTHONY<br/>2700 WEST SILVER SPRINGS BLVD.<br/>OCALA, FL 34475</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                                                                                                           |                                                                      | 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            |                                                                                                                           |                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |                                                                      |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>ARMATO, ANTHONY<br>2700 WEST SILVER SPRINGS BLVD.<br>OCALA, FL 34475 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>ARMATO, MATTHEW<br>2700 WEST SILVER SPRINGS BLVD.<br>OCALA, FL 34475 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>ARMATO, KELLI<br>2700 WEST SILVER SPRINGS BLVD.<br>OCALA, FL 34475 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> 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. |                                                                                                            |                                                                                                                           |                                                                      |                                                                                   |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                           | 7/20/04 352 629-4003                                                 |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            |                                                                                                                           | Davies Phone #                                                       |                                                                                   |  |

**Ralph E. Ravn, P.A.**  
CERTIFIED PUBLIC ACCOUNTANT

2042  
MEMBER  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

2320 N.E. 2nd Street, Suite 5 / Ocala, Florida 34470 / 352-351-1928 / Fax: 352-351-0034

Ralph E. Ravn, C.P.A.

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500  
RE: Anthony's Police Supply, Inc  
#P03000007468

08/23/2004  
AUG 25 PM 12:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam

This letter is to request the abatement of late fees associated with this company's UBR. We recently acquired this business as a client and noticed that their UBR had not been filed for 2004. They began their corporation last year and have relied on their accountant to file all the proper paperwork. Mr Armato does not recall receiving the UBR report to file and was unaware of the need to file this report annually. He filed the report on July 19, 2004 and sent a check for the \$150.00 filing fee in hopes that abatement of the late penalties would be accepted. Thank you for your time and consideration in this matter.

Sincerely,



Ralph E Ravn, CPA