

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90052 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                                                                                        |                                                                   |
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| <b>DOCUMENT # P03000010369</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                       |                                                                   |
| 1. Entity Name<br><b>MEAT &amp; GUNS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  |                                                                                                                        |                                                                   |
| Principal Place of Business<br><b>13001 BOATSWAIN MATE DRIVE<br/>RIVERVIEW FL 33569</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | Mailing Address<br><b>13001 BOATSWAIN MATE DRIVE<br/>RIVERVIEW FL 33569</b>                                            |                                                                   |
| 2. Principal Place of Business<br><b>11367 BIC BEL RD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | 3. Mailing Address<br><b>SAME</b>                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | Suite, Apt. #, etc.                                                                                                    |                                                                   |
| City & State<br><b>RIVERVIEW FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | City & State                                                                                                           |                                                                   |
| Zip<br><b>33569</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>FLORIDA</b>                                                                                        | Zip                                                                                                                    | Country                                                           |
| 4. FEI Number<br><b>75-3098344</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>AGENTS AND CORPORATIONS, INC.<br/>SUITE E 773 4TH AVENUE NORTH<br/>NAPLES FL 34102</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                                        |                                                                   |
| <b>RULE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$350.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                  |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>COTY SELVA TAG</b> <input type="checkbox"/> Delete<br><b>13001 BOATSWAIN MATE DR<br/>RIVERVIEW FL 33569</b>   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DONNA REGORA VP</b> <input type="checkbox"/> Delete<br><b>SAME AS ABOVE</b>                                   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1 MR MORELAND SECRETARY</b> <input type="checkbox"/> Delete<br><b>11367 BIC BEL RD<br/>RIVERVIEW FL 33569</b> | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | Date: <b>3-31-04</b> Daytime Phone #: <b>813-672-9800</b>                                                              |                                                                   |
| SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Date                                                                                                                   |                                                                   |