

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90308 049 ***150.00

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1. Entity Name

GUNS R US INC



Principal Place of Business

1550 CARSON ST
FT MYERS FL 33901

Mailing Address

1550 CARSON ST
FT MYERS FL 33901

2. Principal Place of Business

3805 Fowler St

3. Mailing Address

3805 Fowler St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT Myers FL

City & State

FT Myers FL

4. FEI Number

56-2330589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, BRIAN M
1550 CARSON ST
FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name BRIAN M Waldron

Street Address (P.O. Box Number is Not Acceptable)

3805 Fowler St

FT Myers

FL

33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MORGAN, JESSE P
STREET ADDRESS 4350 ORANGEWOOD
CITY-ST-ZIP FT MYERS FL 33901

TITLE VP ☐ Delete
NAME WALDRON, BRIAN M
STREET ADDRESS 30 CARDINAL DR
CITY-ST-ZIP N FT MYERS FL 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME BRIAN M WALDRON
STREET ADDRESS 3805 Fowler St
CITY-ST-ZIP FT Myers FL 33901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04
Date

332 4593
Daytime Phone #