# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P03000039159

1. Entity Name
SIX SHOOTER, INC.

Principal Place of Business
3476 SECOND AVE N
LAKE WORTH, FL 33461

Mailing Address
3476 SECOND AVE N
LAKE WORTH, FL 33461

01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
56-2347021
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEISEL, KEITH W
712 US HWY ONE STE 230
N PALM BCH, FL 33408

**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 _____
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**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000411567
02/10/06-80012-010 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | BARIS, GEORGE |
| STREET ADDRESS | 3476 SECOND AVE N |
| CITY-ST-ZIP | LAKE WORTH, FL 33461 |
| TITLE | |
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| CITY-ST-ZIP | |

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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 like empowered.

**SIGNATURE:** Elaine Baris Elaine Baris 1-26-06 (561) 253-5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #