

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


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

03-15-2004 90028 045 ***150.00

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DOCUMENT # P03000083284

1. Entity Name
BLAST 'EM PAINTBALL, INC.



Principal Place of Business Mailing Address
1126 WICKHAM RD **1126 WICKHAM RD**
W. MELBOURNE FL 32904 **W. MELBOURNE FL 32904**

66408329



MOORE CR2E034 (11/03)

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 Applied For
861074947 Not Applicable

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

6. Name and Address of Current Registered Agent

LUSARDI, MICHAEL
1126 WICKHAM RD
W. MELBOURNE FL 32904

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

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	D	<input type="checkbox"/> Delete
NAME	LUSARDI, CHRISTOPHER R	
STREET ADDRESS	1795 BIDDLE ST NE	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSARDI, MICHAEL D	
STREET ADDRESS	742 TOOLEY RD	
CITY - ST - ZIP	PALM BAY FL 32908	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIONI, MICHAEL D	
STREET ADDRESS	1795 BIDDLE ST NE	
CITY - ST - ZIP	PALM BAY FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **3/29/04** DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR