

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90117 016 ***150.00

DOCUMENT # P03000120439 1. Entity Name CENTRAL FLORIDA PAINTBALL, INC.					
Principal Place of Business 9365 US HWY 98 NORTH LAKELAND FL 33809 US			Mailing Address 3000 LAKESHORE BLVD. ST. CLOUD FL 34769 US		
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0339667	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JOHN V III 3000 LAKESHORE BLVD ST. CLOUD FL 34769			7. Name and Address of New Registered Agent Name: <i>John V Smith IV</i> Street Address (P.O. Box Number is Not Acceptable): <i>5555 Sterling Loop</i> City: <i>Lakeland FL</i> Zip Code: <i>33809</i>		
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: <i>John V Smith IV</i> DATE: <i>3-31-05</i> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JOHN V III 3000 LAKESHORE BLVD. ST. CLOUD FL 34769		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Smith John V III 3000 Lakeshore Blvd St. Cloud FL 34769	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JOHN V IV 3000 LAKESHORE BLVD. ST. CLOUD FL 34769		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith John V IV 5555 Sterling Loop Lakeland FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, DEAN M 3000 LAKESHORE BLVD. ST. CLOUD FL 34769		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		

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: *John V Smith IV* **3-31-05** **863-888-3154**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #