

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128113

FILED  
Aug 05, 2008  
Secretary of State

Entity Name: SMYRNA SHOOTERS SUPPLY INC.

## Current Principal Place of Business:

1401 S. RIDGEWOOD AVE.  
SUITE 4  
EDGEWATER, FL 32132 US

## New Principal Place of Business:

## Current Mailing Address:

1401 S. RIDGEWOOD AVE.  
SUITE 4  
EDGEWATER, FL 32132 US

## New Mailing Address:

FEI Number: 20-0384862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOGLER, JOHN  
1401 S. RIDGEWOOD AVE.  
SUITE 4  
EDGEWATER, FL 32132 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: COOGLER, JOHN R  
Address: 115 EAST MARION AVENUE  
City-St-Zip: EDGEWATER, FL 32132 US

Title: PRES ( ) Delete  
Name: COOGLER, JOHN R  
Address: 115 EAST MARION AVENUE  
City-St-Zip: EDGEWATER, FL 32132 US

Title: VP ( ) Delete  
Name: COOGLER, JOHN R  
Address: 115 EAST MARION AVENUE  
City-St-Zip: EDGEWATER, FL 32132 US

Title: SEC ( ) Delete  
Name: COOGLER, JOHN R  
Address: 1401 S. RIDGEWOOD AVE, SUITE 4  
City-St-Zip: EDGEWATER, FL 32132

Title: TRES ( ) Delete  
Name: COOGLER, JOHN R  
Address: 1401 S. RIDGEWOOD AVE, SUITE 4  
City-St-Zip: EDGEWATER, FL 32132

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R COOGLER

PRES

08/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date