## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 27, 2006 08:00 AM Secretary of State DOCUMENT # P04000033751 1. Entity Name THB SALES HUNTING & SHOOTING, INC. Principal Place of Business Mailing Address 4131 S US 1 4131 S US 1 FT PIERCE, FL 34982 FT PIERCE, FL 34982 04072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0800918 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BARRETT, TIMOTHY DO NOT WRITE 538 E WEATHERBEE RD FT PIERCE, FL 34982 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. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing 1000003536515 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 05/08/06-80098-801 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BARRETT, TIMOTHY STREET ADDRESS 538 E WEATHERBEE RD CATY-ST-ZAP FT PIERCE, FL 34982 titte NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby cartify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cartify 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #