

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90469 005 ***150.00

DOCUMENT # P04000061285 1. Entity Name GENERAL CHESTER'S PAINTBALL, INC.			
Principal Place of Business 1707 CANOVA ST SE, # 2 PALM BAY, FL 32909		Mailing Address 1707 CANOVA ST SE, # 2 PALM BAY, FL 32909	
2. Principal Place of Business 1308-1 Malabar Rd		3. Mailing Address 1308-1 Malabar Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Bay FL		City & State Palm Bay FL	
Zip 32909		Zip 32909	
Country USA		Country USA	
4. FEI Number 20-1001203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOMBRIANT, CHESTER III 1707 CANOVA ST SE, # 2 PALM BAY, FL 32909		7. Name and Address of New Registered Agent Name <u>Chester Bombriant III</u> Street Address (P.O. Box Number is Not Acceptable) <u>1308-1 Malabar Road</u> City <u>Palm Bay</u> <u>FL</u> Zip Code <u>32909</u>	
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: <u>Chester Bombriant III</u> <u>Chester Bombriant III</u> <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMBRIANT, CHESTER III 1707 CANOVA ST SE, # 2 PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Bombriant Chester III 1308-1 Malabar RD Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOMBRIANT, KATHLEEN 1707 CANOVA ST SE, # 2 PALM BAY, FL 32909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bombriant Kathleen 1308-1 Malabar F Palm Bay FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Chester Bombriant III</u> <u>Chester Bombriant III Pres</u> <u>4/28/05</u> <u>727-2510</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			