


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90019 037 ***150.00

DOCUMENT # P04000078359		
1. Entity Name PAINTBALL WARGAMES II, INC.		

Principal Place of Business 377 MAITLAND AVE. #102 ALTAMONTE, FL 32701	Mailing Address 377 MAITLAND AVE. #102 ALTAMONTE, FL 32701
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04102006 Chg-P CR2E034 (11/05)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PFLUEGER, ROBERT H 377 MAITLAND AVE. #102 ALTAMONTE, FL 32701		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 	(NOTE: Registered Agent signature required when reinstating)	DATE 5-9-06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PFLUEGER, ROBERT H 377 MAITLAND AVE. #102 ALTAMONTE, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres Downa Kaitenbeck</i> 5540 Red Bay Lake Rd Winter Spring, FL 32708 <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
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 exemptions contained 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 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: 	5/9/06 407-754-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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40093005

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Annual Report



Document Number
P04000078359

Business Entity Name
PAINTBALL WARGAMES II, INC.

FEI Number

FEI Number Status

Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

☐ Listed Above ☒ Applied For ☐ Not Applicable

☐ Yes ☒ No \$8.75 each

☐ Yes ☒ No

Principal Place of Business

Address 5840 Red Bug Lake Rd
Suite, Apt. #, etc. #50
City, State Winter Springs FL
Zip Code & Country 32708

Mailing Address

Address 5840 Red Bug Lake Rd
Suite, Apt. #, etc. #50
City, State Winter Springs FL
Zip Code & Country 32708

Name and Address of Registered Agent

Name (Last, First, Middle, Title) PFLUEGER ROBERT H

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 377 MAITLAND AVE. #1002

Suite, Apt. #, etc.

City, State ALTAMONTE FL

Zip Code & Country 32701 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

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registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text" value="P"/>		
Name (Last, First, Middle, Title)	<input type="text" value="Kaltenecker"/>	<input type="text" value="Donna"/>	<input type="text"/>
- OR -			
Entity Name to serve as Officer/Director	<input type="text"/>		
Street Address	<input type="text" value="5840 Red Bug Lake Rd"/>		
City, State	<input type="text" value="Winter Springs"/>	<input type="text" value="FL"/>	<input type="text"/>
Zip Code & Country	<input type="text" value="32708"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
- OR -			
Entity Name to serve as Officer/Director	<input type="text"/>		
Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
- OR -			
Entity Name to serve as Officer/Director	<input type="text"/>		
Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

Title _____

Name (Last, First, Middle, Title) _____

- OR -

Entity Name to serve as Officer/Director _____

Street Address _____

City, State _____

Zip Code & Country _____

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

owner

Officer/Director Signature

Donna Katterecker

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

