

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90361 015 ***150.00

DOCUMENT # P04000117499 1. Entity Name WIND RIVER RIFLE COMPANY, INC.					
Principal Place of Business 9 DUVAL ST FORT WALTON BEACH, FL 32547			Mailing Address 9 DUVAL ST FORT WALTON BEACH, FL 32547		
2. Principal Place of Business 1 DUVAL ST Suite, Apt. #, etc.		3. Mailing Address 1 DUVAL ST Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40073762</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04252006 Chg-P CR2E034 (11/05) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 4. FEI Number 20-1506259 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
City & State FORT WALTON BEACH, FL		City & State FT WALTON BEACH, FL			
Zip 32547	Country OKALOOSA	Zip 32547	Country OKALOOSA		
6. Name and Address of Current Registered Agent HOFFMAN, MATTHEW C 226 PALAFOX PLACE, 9TH FLOOR, SEVILLE TWR. PENSACOLA, FL 32502				7. Name and Address of New Registered Agent 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: _____ DATE: _____ <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, 2006 Fee will be \$550.00		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 WILLIAMS, ROBERT 708 N. 59TH AVENUE PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 DUVAL ST FT WALTON BEACH, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, BRIAN 708 N. 59TH AVENUE PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1 DUVAL ST FT WALTON BEACH, FL 32547		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUHARICH, RICHARD M N. 59TH AVENUE PENSACOLA, FL 32506 <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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> KUHARICH, RICHARD M. </div> <div style="width: 20%; text-align: center;"> 4/27/06 <small>Date</small> </div> <div style="width: 20%; text-align: center;"> 850 450 7271 <small>Daytime Phone #</small> </div> </div>					