

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000117499

1. Entity Name  
WIND RIVER RIFLE COMPANY, INC.



Principal Place of Business  
1 DUVAL ST  
FORT WALTON BEACH, FL 32547

Mailing Address  
1 DUVAL ST  
FORT WALTON BEACH, FL 32547

**FILED**  
**Sep 05, 2008 08:00 AM**  
**Secretary of State**



08192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1506259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOFFMAN, MATTHEW C  
226 PALAFOX PLACE, 9TH FLOOR, SEVILLE TWR.  
PENSACOLA, FL 32502

**DO NOT WRITE  
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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000959172  
09/05/08-80007-002 550.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WILLIAMS, ROBERT
STREET ADDRESS	1 DUVAL STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	D
NAME	WILLIAMS, BRIAN
STREET ADDRESS	1 DUVAL STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547

TITLE	D
NAME	KUHARICH, RICHARD M
STREET ADDRESS	N. 59TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32506

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #