

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000025076

1. Entity Name  
**Thermopylae Firearm Accessories, Inc.**



FILED  
08 SEP 24 PM 4:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6247-108TH AVE N  
PINELLAS PARK, FL 33782-2548

Mailing Address  
6247-108TH AVE N  
PINELLAS PARK, FL 33782

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country



06272008 Chg-P CR2E034 (12/06)

4. FEI Number  
16-1717816

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PETER SMITT  
6247 108TH AVE N  
PINELLAS PARK, FL 33782

7. Name and Address of New Registered Agent  
Name: Jeffrey M. Lasman  
Street Address (P.O. Box Number is Not Acceptable): 6152 Delancey Station St., #205  
City: Riverview FL Zip Code: 33578

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]* DATE: 8-21-08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITT, PETER 6247-108TH AVE N PINELLAS PARK, FL 337822548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Akins, William L. 12810 Kitten Trail Hudson, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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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: *Peter A. Smitt* Peter A. Smitt 7-13-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #