

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # P05000162702

1. Entity Name
SHOOT SAFELY, INC.



Principal Place of Business

1410 NW 13TH STREET
SUITE 9
GAINESVILLE, FL 32601

Mailing Address

1410 NW 13TH STREET
SUITE 9
GAINESVILLE, FL 32601



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 20-3942786 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LANE, BRIAN
1410 NW 13TH STREET
SUITE 2
GAINESVILLE, FL 32601

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PRES |
| NAME | LANE, BRIAN |
| STREET ADDRESS | P.O. BOX 12574 |
| CITY-ST-ZIP | GAINESVILLE, FL 32604 |

| | |
|----------------|-----------------------|
| TITLE | SEC |
| NAME | LANE, BRIAN |
| STREET ADDRESS | P.O. BOX 12574 |
| CITY-ST-ZIP | GAINESVILLE, FL 32604 |

| | |
|----------------|-----------------------|
| TITLE | TRES |
| NAME | LANE, BRIAN |
| STREET ADDRESS | P.O. BOX 12574 |
| CITY-ST-ZIP | GAINESVILLE, FL 32604 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U000000703198
04/20/07-80130-012 150.00

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: _____

Brian E. Lane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07
Date

(352) 214-2564
Daytime Phone