

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 010 ***150.00

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

40001111



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3942786

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRES
LANE, BRIAN
P.O. BOX 12574
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**

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 Lane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

(352) 214-2564

Daytime Phone #