


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90186 026 \*\*\*150.00

**DOCUMENT # P06000121079**

1. Entity Name  
**BOMAR TROPHY SHOP, INC.**



Principal Place of Business      Mailing Address

**1051 SOUTH FLORIDA AVENUE**      **POST OFFICE BOX 2621**  
**LAKELAND, FL 33803 US**      **LAKELAND, FL 33806 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1051 South Florida Ave**      **P.O. Box 2621**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Lakeland Florida**      **Lakeland FL B**

Zip      Country      Zip      Country

**33803 USA**      **33806 USA**



01072007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-5589914**      Not Applicable

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

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

**NORMAN, MARY S**  
**7126 O'DONIEL LOOP WEST**  
**LAKELAND, FL 33809**

**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 Mary S Norman      DATE 1-12-07

Signature, typewritten 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	P	<input type="checkbox"/> Delete
NAME	NORMAN, MARY S	
STREET ADDRESS	7126 O'DONIEL LOOP WEST	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GEST, CHRISTINE M	
STREET ADDRESS	1102 LAKE DEESON POINT	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	S/TR	<input type="checkbox"/> Delete
NAME	SMITH-ADDLEMAN, LORI A	
STREET ADDRESS	7020 RANCH ROAD	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mary S Norman      DATE 1-12-07      DAYTIME PHONE # 863 682-1439

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