

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000121079

FILED  
Jan 06, 2011  
Secretary of State

Entity Name: BOMAR TROPHY SHOP, INC.

**Current Principal Place of Business:**

1051 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2621  
LAKELAND, FL 33806 US

**New Mailing Address:**

FEI Number: 20-5589914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NORMAN, MARY S  
Address: 7126 O'DONIEL LOOP WEST  
City-St-Zip: LAKELAND, FL 33809 US

Title: VP  
Name: GEST, CHRISTINE M  
Address: 1102 LAKE DEESON POINT  
City-St-Zip: LAKELAND, FL 33805 US

Title: S/TR  
Name: SMITH-ADDLEMAN, LORI A  
Address: 7020 RANCH ROAD  
City-St-Zip: LAKELAND, FL 33809 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY S. NORMAN

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date