2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State
04-02-2008 90148 001 ***450.00

DOCUMENT # P07000013835

1. Entity Name
A.R.S. COMPETITION SHOOTING INC.

Principal Place of Business	Mailing Address
796 ANDERSON DRIVE NAPLES, FL 34103 US	796 ANDERSON DRIVE NAPLES, FL 34103 US

03012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1090 27th Street SW	1090 27th Street SW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Fl	City & State: Naples, Fl
Zip: 34117 Country: USA	Zip: 34117 Country: USA

4. FEI Number: 20-8348935 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCHWARTZ, ANDREW R
796 ANDERSON DRIVE
NAPLES, FL 34103

7. Name and Address of New Registered Agent
Name: Andrew R. Schwartz
Street Address (P.O. Box Number Is Not Acceptable): 1090 27th Street SW
City: Naples FL Zip Code: 34117

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: 4/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHWARTZ, ANDREW R 796 ANDERSON DRIVE NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Andrew Schwartz 1090 27th Street SW Naples, Fl 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 4/20/08 2394825856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #