

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000022383

Entity Name: AIRBORNE ARMS, INC.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

702 HITCHCOCK ST  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

702 HITCHCOCK ST  
PLANT CITY, FL 33563

**New Mailing Address:**

FEI Number: 20-8551341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PULLEN, AARON B  
1605 S. SIMMONS PL  
PLANT CITY, FL 33563 US

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

GALLAGHER, DANIEL M  
702 HITCHCOCK ST  
PLANT CITY, FL 33563 US

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: SAMANTHA WILLIAMSON

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GALLAGHER, DANIEL M  
Address: 702 HITCHCOCK ST  
City-St-Zip: PLANT CITY, FL 33563

Title: CEO  
Name: WILLIAMSON, SAMANTHA L  
Address: 702 HITCHCOCK ST  
City-St-Zip: PLANT CITY, FL 33563

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: SAMANTHA WILLIAMSON

CEO

04/30/2012

Electronic Signature of Signing Officer or Director

Date