

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P07000049651**

1. Entity Name

EXECUTIVESPORTSMAN, INC.



Principal Place of Business

4465 N. APPLGATE TERRACE  
CRYSTAL RIVER FL 34428  
US

Mailing Address

4465 N. APPLGATE TERRACE  
CRYSTAL RIVER FL 34428  
US



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST  
SUITE 500  
ORLANDO FL 32804

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

*Henry C. Clark*

no change

3/1/08

Signature, typed or printed name of registered agent and state if applicable

(If CDF Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete

NAME CLARK, HENRY  
STREET ADDRESS 4465 N. APPLGATE TERRACE  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ Delete

NAME CLARK, HENRY  
STREET ADDRESS 4465 N. APPLGATE TERRACE  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE D ☐ Delete

NAME CLARK, JUANITA  
STREET ADDRESS 4465 N. APPLGATE TERRACE  
CITY-ST-ZIP CRYSTAL RIVER FL 34428

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Henry C. Clark*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/08

Day

3525631873

Daytime Phone #