

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066953

FILED
Aug 17, 2009
Secretary of State

Entity Name: STRONGSIDE ARMS, INC.

Current Principal Place of Business:

1479 WEST C-48
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

7067 COUNTY ROAD 561B
BUSHNELL, FL 33513 FL

New Mailing Address:

FEI Number: 26-2977293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRONG, KATHERINE A
7067 COUNTY ROAD 561B
BUSHNELL, FL 33513 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRONG, KATHERINE A
Address: 7067 COUNTY ROAD 561B
City-St-Zip: BUSHNELL, FL 33513 US

Title: VPD () Delete
Name: STRONG, MICHAEL L
Address: 7067 COUNTY ROAD 561B
City-St-Zip: BUSHNELL, FL 33513 US

Title: D () Delete
Name: PEEPLES, RUSSELL C III
Address: P. O. BOX 2005
City-St-Zip: BUSHNELL, FL 33513

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HENDRICK, ELIZABETH S
Address: 1363 N DELAWARE STREET
City-St-Zip: SANFORD, FL 32771

Title: D () Change (X) Addition
Name: HENDRICK, DAVID A SR
Address: 1363 N DELAWARE STREET
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHERINE A STRONG

PRES

08/17/2009

Electronic Signature of Signing Officer or Director

_____ Date