

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103215

FILED
Feb 28, 2009
Secretary of State

Entity Name: FLORIDA ARMS MANUFACTURING COMPANY, INC

Current Principal Place of Business:

41 LAKE MORTON DRIVE
25
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

41 LAKE MORTON DRIVE
25
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 26-3874946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEDY, MICHAEL O CPA
305 N. PARSONS AVE
BRANDON, FL 33510 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINKOPF, JAMES C
Address: 618 CASSANDRA LANE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: REEDY, MICHAEL O
Address: 305 N. PARSONS AVE
City-St-Zip: BRANDON, FL 33510

Title: VP () Delete
Name: VON BENECKE, GARED J
Address: 41 LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: MEACHAM, STANLEY E JR
Address: 41 LAKE MORTON DRIVE
City-St-Zip: LAKELAND, FL 33801

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

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: MIKE REEDY

D

02/28/2009

Electronic Signature of Signing Officer or Director

_____ Date