

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000096962

Entity Name: THE SHOOT GROUP INC

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

**Current Principal Place of Business:**

2682 WINDWOOD PLACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

2682 WINDWOOD PLACE  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 27-4064065

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILDEBRAND, CHRISTINE K  
2682 WINDWOOD PLACE  
CAPE CORAL, FL FL 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HILDEBRAND, CHRISTINE K  
Address: 2682 WINDWOOD PLACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP  
Name: FLOYD, HILDEBRAND P  
Address: 3710 DOUNE WAY  
City-St-Zip: CLERMONT, FL 34711

Title: CEO  
Name: HILDEBRAND, CRAIG P  
Address: 2682 WINDWOOD PLACE  
City-St-Zip: CAPE CORAL, FL 33991

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: CHRISTINE K. HILDEBRAND

P

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date