

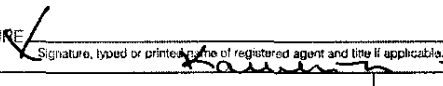
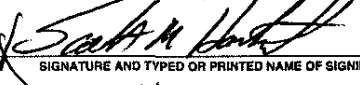


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90012 038 \*\*\*150.00

<b>DOCUMENT # P93000013658</b>																																																																																																									
<b>1. Entity Name</b> GUNSLINGER, INC.																																																																																																									
<b>Principal Place of Business</b> 3106 DUANE AVE OLDSMAR, FL 34677			<b>Mailing Address</b> 3106 DUANE AVE OLDSMAR, FL 34677																																																																																																						
<b>54026263</b>																																																																																																									
<b>2. Principal Place of Business</b> 4692 SR 471		<b>3. Mailing Address</b> 4692 SR 471																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222004      Chg-P      CR2E034 (10/03)																																																																																																					
<b>City &amp; State</b> Bushnell, FL		<b>City &amp; State</b> Bushnell, FL		<b>4. FEI Number</b> 59-3170183																																																																																																					
<b>Zip</b> 33513		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																					
<b>6. Name and Address of Current Registered Agent</b>  HARTCOCK, SCOTT M 3106 DUANE AVE OLDSMAR, FL 34677			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 4692 SR 471 City Bushnell      FL      Zip Code 33513																																																																																																						
<b>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.</b>																																																																																																									
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing)      DATE: 4/1/04																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. 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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>																																																																																																									
<b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> Scott M Hartcock																																																																																																									
Date: 4/1/04      Daytime Phone #: 352-793-7989																																																																																																									