2005 FOR PROFIT CORFORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 15, 2005 08:00 AM Secretary of State

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DOCUMENT # P93000013658 1. Entity Name GUNSLINGER, INC.		358		Secretary of State			
Principal Plac	e of Business	Mailing Address					
4692 SR 47		4692 SR 471					
Bushnell, F	FL 33513	BUSHNELL, FL 33513					
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				59-317	0183	Not Applicable	
				5. Certificate	of Status Desired	Sa.75 Additional	
	2 11		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Fee Required	
	6. Name and Address of Current Re	egistered Agent	4				
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HARTSCOCK, SCOTT M 4692 SR 471				DO NOT WRITE			
BUSHNELL, FL 33513			IN THIS SPACE				
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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_						<u> </u>	
	Signature, typed or printed name of registered agent and	f little if applicable. (NOTE, Register	ed Agent signalure require	(gnitalanier certw b	- ,	DATE -	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	T		<u></u> _		
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NAME	HARTSOCK, SCOTT M						
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NAME	HARTSOCK, KATHLEEN M						
STREET ADDRESS	4692 SR 471		I.				
CITY-ST-ZIP	BUSHNELL, FL 33513	<u>_</u>					
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indicated	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	us ming does not quality for the exe de and accurate and that my signs	impuon stated in Se iture shall have the	same legal ellec	u, rionaa statutes. I ot as if made under c	path; that I am an officer or director	
of the cor	poration or the receiver or trustee empow	ered to execute this report as required	ired by Chapter 60'	7, Florida Statute	es; and that my name	a appears in Block 10 or Block 11 if	
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