


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000084599
 1. Entity Name
GUN-HO #167, INC.



Principal Place of Business Mailing Address
 6207 E. HILLSBOROUGH AVENUE 6207 E. HILLSBOROUGH AVENUE
 SUITE 104 SUITE 104
 TAMPA, FL 33610 US TAMPA, FL 33610 US

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3216693 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PERRY, STEVE
 1920 CEDARBROOKE DR.
 LUTZ, FL 33549

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DT
 NAME PERRY, STEVE
 STREET ADDRESS 1920 CEDAR BROOKE
 CITY-ST-ZIP LUTZ, FL

TITLE V
 NAME YAMBURA, RAY
 STREET ADDRESS 9604 N 16 ST
 CITY-ST-ZIP TAMPA, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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UN000036416S
 05/06/05-80029-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1(9.07(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.

SIGNATURE: _____ Date **5-1-05** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR