

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90019 023 ***150.00

DOCUMENT # P94000005183

1. Entity Name

J. M. GUN REPAIR, INC.



Principal Place of Business

2220 WHITFIELD PARK H2
SARASOTA FL 34243
US

Mailing Address

112-65TH AVENUE DRIVE WEST
BRADENTON FL 34207



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0473853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

MORRISON, JAMES D
2220 WHITFIELD PARK H2
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name **Anthony J. Morrison**
Street Address (P.O. Box Number is Not Acceptable) **2220 Whitfield Park Dr. H-2**
Sarasota
City **FL** Zip Code **34243**

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 *Anthony Morrison*

1-31-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, JAMES D	
STREET ADDRESS	2220 WHITFIELD PARK H-2	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	president	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony J. Morrison	
STREET ADDRESS	2220 Whitfield Park Dr. H-2	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	Sec/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marianne Morrison	
STREET ADDRESS	2220 Whitfield Park Dr. H-2	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Anthony Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941 756 7195**

1-31-08