

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012323

FILED
Jan 08, 2004
Secretary of State

Entity Name: GREY GOOSE GUNSMITHING, INC.

Current Principal Place of Business:

1532 VILLAGE GREEN DR.
SUITE B
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1532 VILLAGE GREEN DR.
SUITE B
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0557449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLEETER, NORRIS D.
211 SO. CAMINO STREET
PORT ST. LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHLEETER, NORRIS D
Address: 211 SO. CAMINO
City-St-Zip: PORT ST. LUCIE, FL

Title: VS () Delete
Name: WOERFEL, JUDITH A
Address: 211 S. CAMINO ST.
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH A. WOERFEL

V.P.

01/08/2004

Electronic Signature of Signing Officer or Director

_____ Date