

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049487

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: ANTIQUE ARMS, INC.

**Current Principal Place of Business:**

3191 E ROAD  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

3191 E ROAD  
LOXAHATCHEE GROVES, FL 33470

**Current Mailing Address:**

3191 E ROAD  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

3191 E ROAD  
LOXAHATCHEE GROVES, FL 33470

FEI Number: 65-0688174

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINE, WILLIAM  
3191 E ROAD  
LOXAHATCHEE, FL 33470 US

**Name and Address of New Registered Agent:**

KLINE, WILLIAM R  
3191 E ROAD  
LOXAHATCHEE GROVES, FL 33470 US

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: WILLIAM R. KLINE

04/14/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TRES  
Name: KLINE, WILLIAM R  
Address: 3191  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: PRES  
Name: KLINE, CAROL  
Address: 3191  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM R. KLINE

TTES

04/14/2010

Electronic Signature of Signing Officer or Director

Date