


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90692 006 \*\*\*150.00

<b>DOCUMENT # P95000071670</b> 1. Entity Name <b>HAL'S GUN SHOP, INC.</b>			
Principal Place of Business <b>210 E. VAN FLEET DR. BARTOW FL 33830</b>		Mailing Address <b>210 E. VAN FLEET DR. BARTOW FL 33830</b>	
2. Principal Place of Business <b>1440 E. Davidson Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1440 E. Davidson Ave</b> Suite, Apt. #, etc.	
City & State <b>Bartow FL</b>		City & State <b>Bartow FL</b>	
Zip <b>33830</b>		Country <b>USA</b>	
4. FEI Number <b>59-3360830</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COLLINS, HAROLD L 955 ALTMAN RD. WAUCHULA FL 33873</b>		7. Name and Address of New Registered Agent Name <b>HAROLD L. COLLINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>890 N. Oakwood Loop</b> City <b>Bartow</b> <b>FL</b> Zip Code <b>33830</b>	
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 <i>Harold L. Collins</i> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COLLINS, HAROLD L 210 E. VAN FLEET DR. BARTOW FL 33830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Collins Harold L. 890 N. Oakwood Loop Bartow FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, EMMA R 210 E. VAN FLEET DR. BARTOW FL 33830	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Collins, Emma R. 890 N. Oakwood Loop Bartow FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Emma R. Collins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/25/04 Date	
863-534-1673 Daytime Phone #			