

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P9500071670

1. Entity Name

HAL'S GUN SHOP, INC.



**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**



Principal Place of Business <b>1440 E. DAVIDSON AV E BARTOW FL 33830</b>	Mailing Address <b>1440 E. DAVIDSON AV E BARTOW FL 33830</b>					
Actual Place of Business <b>Suite, Apt. #, etc.</b>	3. Mailing Address <b>Suite, Apt. #, etc</b>					
City & State <b>Zip</b>		City & State <b>Country</b>				
Zip <b>Country</b>		<b>Zip</b>	<b>Country</b>			
6. Name and Address of Current Registered Agent  <b>COLLINS, HAROLD L 890 N. OAKWOOD LOOP BARTOW FL 33830</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		

1st MOORE CR2E034 (10/05)

4. FEI Number  
**59-3360830**  Applied For  
 Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>COLLINS, HAROLD L 890 N. OAKLAN LOOP BARTOW FL 33830</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000557011 05/17/06-80033-021 150.00</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COLLINS, EMMA R 890 N. OAKWOOD LOOP BARTOW FL 33830</b>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> 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 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: *Emma R. Collins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 843-533-9563  
Date  
Daytime Phone #