

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2008 8:00 am**  
**Secretary of State**

08-08-2008 90015 044 \*\*\*150.00

DOCUMENT # P95000081399

1. Entity Name

MOTIVATED SPORTSMEN, INCORPORATED



Principal Place of Business

5350 BELLA RIDGE  
MILTON, FL 32570

Mailing Address

5350 BELLA RIDGE  
MILTON, FL 32570



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3347815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, JOHNNY W  
5350 BELLA RIDGE  
MILTON, FL 32570

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JONES, JOHNNY W  
STREET ADDRESS 5350 BELLA RIDGE  
CITY-ST-ZIP MILTON, FL 32570

TITLE D  
NAME WOOD, JOHN R  
STREET ADDRESS 4950 WINDING WAY  
CITY-ST-ZIP PACE, FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To whom it may concern:

ATTACHMENT

7/28/08

40112925

#P95000081399

On Feb 12th 2008 this form was picked up by myself at the accountant office of Jule David Elliott, P.A. I thought that I had promptly mailed this to Tallahassee early, however I was cleaning out my briefcase and discovered this important document was NOT returned on time.

would you please look at my past record and consider abating the large penalty, because I have always paid on time I will not let this happen again. Thanks for your consideration on this.

Thank you  
J. D.