## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000067011

1. Entity Name

SPORTSMAN'S INFORMATION NETWORK, INC.



Principal Place of Business

12964 HUNTLEY MANOR DR. JACKSONVILLE, FL 32224

Mailing Address

12964 HUNTLEY MANOR DR. JACKSONVILLE, FL 32224

## FILED Apr 12, 2004 08:00 AM Secretary of State



04012004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3400486

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

STINSON, T. EDWIN JR 12964 HUNTLEY MANOR DR. JACKSONVILLE, FL 32224

## 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 Separate speed or proposed some of representative and titled a professible MINTE Resisterent deport grounds when representations.					
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature regions when reinst					DATE
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			3
RILE NAME STREET ADDRESS CITY - ST - ZIP	P STINSON, T. EDWIN JR 12964 HUNTLEY MANOR DR. JACKSONVILLE, FL 32224				U00000109357 04/12/04-80041-00£ 150.00
TITLE NAME STREET ADDRESS CITY ST-ZIP	ST STINSON, DIANA L 12964 HUNTLEY MANOR DR. JACKSONVILLE, FL 32224				
TITLE NAME STREET ADDRESS CITY ST-EP				DO	NOT WRITE
HITLE NAME STREET ADORESS CHY ST ZIP			IN THIS SPACE		
INTE NAME SIREET ADDRESS CITY ST ZIP					
THE NAME STREET ADDRESS CITY ST-ZIP					
12. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this second or supplemental report is true and acquirate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Forda Statutes. I furfier 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 it am an officer or director of the corporation or the receiver of fusile empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 13 if changed, or on an attachment with as study as, with all other like empowered.

SIGNATURE:

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

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