

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000087943

1. Entity Name
SEMINOLE SPORTSMAN'S PARADISE, INC.



Principal Place of Business

110 E. BROADWAY
STE. A
OVIEDO, FL 32765

Mailing Address

BOX 620460
OVIEDO, FL 32762



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3417356

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, CHARLES W
110 E. BROADWAY
STE. A
OVIEDO, FL 32765

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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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
EVANS, ARTHUR F
110 E. BROADWAY
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
EVANS, DAVID L
110 E. BROADWAY
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
EVANS, CHARLES W
110 E. BROADWAY
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
EVANS, JOHN W JR
110 E. BROADWAY
OVIEDO, FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000727982
05/04/07-80070-012 150.00

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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: *Charles W. Evans* **CHARLES W. EVANS** 4.20.07. 409.365.9435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #