

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # P97000022450

1. Entity Name  
SSME DEUTSCHE WAFFEN, INC.



Principal Place of Business  
3203 MURRAY FARMS ROAD  
PLANT CITY, FL 33567

Mailing Address  
3203 MURRAY FARMS ROAD  
PLANT CITY, FL 33567



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number <b>59-3432267</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

GADDE, STANLEY  
3203 MURRAY FARMS RD.  
PLANT CITY, FL 33567

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000181366  
01/14/05-80045-005 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	GADDE, STANLEY ROY
STREET ADDRESS	3203 MURRAY FARMS ROAD
CITY - ST - ZIP	PLANT CITY, FL 33567
TITLE	VSD
NAME	GADDE, SHONA K
STREET ADDRESS	3203 MURRAY FARMS ROAD
CITY - ST - ZIP	PLANT CITY, FL 33567
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05  
Date

813-754-8665  
Daytime Phone #