


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90224 040 ***150.00

DOCUMENT # P97000057768 1. Entity Name TRICK SHOTS THREE, INC.																													
Principal Place of Business 2781 WEST STATE RD. 434 LONGWOOD FL 32779-4880			Mailing Address 2781 WEST STATE RD. 434 LONGWOOD FL 32779-4880																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3454775 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)																									
6. Name and Address of Current Registered Agent SMITH, LANCE D 2781 WEST STATE RD. 434 LONGWOOD FL 32779-4880			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 _____ (NOTE: Registered Agent signature required when re-stating) <small>Signature typed or printed name of registered agent and title if applicable</small> 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. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DANIELS, JAMISON</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>545 FOX HUNT CIR LONGWOOD FL 32750</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DANIELS, JAMISON		CITY - ST - ZIP	545 FOX HUNT CIR LONGWOOD FL 32750		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete <input type="checkbox"/></td> <td style="width:10%;">Change <input checked="" type="checkbox"/></td> <td style="width:10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DVP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>	STREET ADDRESS	DVP				CITY - ST - ZIP				
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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: <u><i>Lance D Smith</i></u> 4-17-06 407-652-5988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													