2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 02, 2006 8:00 am Secretary of State DOCUMENT # P97000082265 05-02-2006 90216 008 ***150.00 PASCO SPORTSMEN, INC. Principal Place of Business Mailing Address 3217 W PARKLAND BLVD 3217 W PARKLAND BLVD **TAMPA FL 33609 TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3468564 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEDNAR, RALPH J Street Address (P.O. Box Number is Not Acceptable) 3217 W PARKLAND BLVD **TAMPA FL 33609** City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when ministating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Milliard Somuel C 8959 Magnolia Chase Cir. HILLIARD, SAMUEL C NAME STREET ADDRESS 8959 MAGNOLIA CHASE CIR. STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LITZAU, W. WAYNE NAME NAME STREET ADDRESS 8615 MILES RD. STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP Delete -HTLE- -Change ☐ Addition ST BedWAR RAIPH J. NAME BADNER, RALPH V NAME STREET ADDRESS STREET ADDRESS 3217 W PARKLAND BLVD TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-7(P **TAMPA FL 33609** TITLE ☐ Delete BATTINE, Eduard TITLE Change ■ Addition NAME NAME 10321 Reclinath have STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMBA, FL 33618 ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

lah J. BedNAR 4/83/06 913-976-5187 SIGNATURE

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.