2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000014633

FILED Apr 26, 2004 8:00 am Secretary of State

MAG SAFE AMMO, INC.				04-26-2004 91 020 038 ***1 50.00	
Principal Plac	ce of Business	Mailing Address		,	
4700 SOUTH U.S. HIGHWAY, 17-92 4700 SOUTH U.S. HIGHW CASSELBERRY FL 32707 CASSELBERRY FL 32707			SHWAY 17-92 707	COOKEVEN (CORPORATION OF CORPORATION	
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2. Principal Place of Business		3. Mailing Address			
: Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
City & State		City & State		4. FEI Number 59-3496865 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
			Name	al .	
AKKAWI, KHALED 4700 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY FL 32707			Street Add	ress (P.O. Box Number is Not Acceptable)	
	, radio Agr		City	FL Zip Code	
the obliga	tions of registered agent.		s registered office or re	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
1.	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	E: Registered Agent signature r	equired when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. ·	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE .	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	AKKAWI, KHALED 4570 LAKE ORLANDO PARKWA'	Y NORTH	NAME STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808	T NOMIT	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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CITY-ST-ZIP	83 A 19 Sept. 1984		CITY-ST-2IP		

Indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida statutes. 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:

Khaled SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Khaled Akkawi, Pres. 4/22/04

407-834-9966

. Daytime Phone #