

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000025688

1. Entity Name
CLERMONT GUN & SPORTS DEPOT, INC.



Principal Place of Business
**1500 S US HWY 27
CLERMONT, FL 34711**

Mailing Address
**1500 S US HWY 27
CLERMONT, FL 34711**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-5588421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BONJORN, PAMELA S
1500 S US HWY 27
CLERMONT, FL 34711**

**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**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP BONJORN, PAMELA S 1500 S US HWY 27 CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS BONJORN, JOSEPH T 1500 S US HWY 27 CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GAMPHER, ANITA 8230 LAKE NELLIE RD CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GAMPHER, WILLIAM 8230 LAKE NELLIE RD CLERMONT, FL 34711 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000269945
03/19/05-80031-016 150.00

**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:

Anita Gampher
Anita Gampher

3/17/05

352-394-2112