

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000051554

1. Entity Name
KNIGHT SHOOTING SPORTS, INC.



FILED
Jan 28, 2005 08:00 AM
Secretary of State

Principal Place of Business
12000 US HWY. 19 N.
CLEARWATER, FL 33764 US

Mailing Address
12000 US HWY. 19 N.
CLEARWATER, FL 33764 US



DO NOT WRITE IN THIS SPACE

01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3530643	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVEN GARELLEK, ADORNO & YOSS, P.A.
700 S. FEDERAK HWY., SUITE 200
BOCA RATON, FL 33432

**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: PST
NAME: MARTENFELD, EDWARD
STREET ADDRESS: 12000 US HWY 19 N
CITY-ST-ZIP: CLEARWATER, FL 33764

TITLE: P
NAME: MARTENFELD, EVA MARNI
STREET ADDRESS: 12000 US HWY 19 N
CITY-ST-ZIP: CLEARWATER, FL 33764

TITLE: VPST
NAME: MARTENFELD, MARK
STREET ADDRESS: 12000 US HWY 19 N
CITY-ST-ZIP: CLEARWATER, FL 33764

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

Edward Martenfeld 01-21-05 727-546-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #