


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P98000066036 1. Entity Name THE SHOOTING RANGE, INC.	
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Principal Place of Business 1200 US HWY 19 N CLEARWATER, FL 33764	Mailing Address 1200 US HWY 19 N CLEARWATER, FL 33764
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01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0871576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
700 S. FEDERAL 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

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

DO NOT WRITE
IN THIS SPACE

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01/28/05-80076-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **EDWARD MARTENFELD** 01-21-05 727-546-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #