

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90207 036 ***158.75

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1. Entity Name
CANNONSPORT CORPORATION



Principal Place of Business
344 SANDAL LANE
PALM BEACH SHORES, FL 33404

Mailing Address
344 SANDAL LANE
PALM BEACH SHORES, FL 33404



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881537	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSONS, MIKE CPA
1224 US-HIGHWAY ONE, SUITE H-
NORTH PALM BEACH, FL 33408

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D MILLS, RUSSELL T 344 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEET, LINDA P 344 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMAN, PAMELA J 344 SANDAL LANE PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, THOMAS R 344 SANDAL LANE WEST PALM BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, JOAN 344 SANDAL LANE PALM BEACH SHORES FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Thomas R. Mills THOMAS R. MILLS APRI 24, 2006 (561)844-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #