

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 02, 2005 8:00 am  
Secretary of State**

03-02-2005 90069 041 \*\*\*150.00

<b>DOCUMENT # S88169</b>		
1. Entity Name <b>SHOOTING SPORTS, INC.</b>		
Principal Place of Business <b>7811 N DALE MABRY HWY TAMPA, FL 33614</b>		Mailing Address <b>7811 N DALE MABRY HWY TAMPA, FL 33614</b>
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent  <b>FLESCHE, MARGARET 21632 STATE RD 54 #165 LUTZ, FL 33549</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FLESCHE, FREDRICK 5680 DEAN DR. WASHINGTON, NC 27889</b>	<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CUNNINGHAM, TONY 100 ASHLEY DR. SOUTH, STE. 100 TAMPA, FL</b>	<input checked="" type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>FLESCHE, MARGARET C 21632 SR 54 #165 LUTZ, FL 33549</b>	<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete  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.		
<b>SIGNATURE: <i>Fredrick Flesche</i></b>		<b>2/18/05 813-933-3000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



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