

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000043320

**Entity Name:** IVER JOHNSON ARMS, INC.

**Current Principal Place of Business:**

259 GUS HIPPI BLVD  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

259 GUS HIPPI BLVD  
ROCKLEDGE, FL 32955 US

**FEI Number:** 91-2192389

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KIRSCHNER, NEAL A  
259 GUS HIPPI BLVD  
ROCKLEDGE, FL 32955 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PVD	Title	VP
Name	KIRSCHNER, NEAL A	Name	HOLWERDA, CHAD L
Address	259 GUS HIPPI BLVD	Address	259 GUS HIPPI BLVD
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEAL A KIRSCHNER

**PRESIDENT**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date