

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000097827

Entity Name: SPORTSMAN'S CARD, INC.**Current Principal Place of Business:**7334 BRIGHTWATERS CT
NEW PORT RICHEY, FL 34652**Current Mailing Address:**7334 BRIGHTWATERS CT
NEW PORT RICHEY, FL 34652 US**FEI Number:** 46-0646325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSTON, SUZANNE
7334 BRIGHTWATERS CT
NEW PORT RICHEY, FL 34652 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	CMO
Name	JOHNSTON, STEVEN
Address	7334 BRIGHTWATERS CT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	CEO
Name	SEPANIAK, MITCHELL
Address	402 SOUTH RIVER FARM DR
City-State-Zip:	ALPHARETTA GA 30022

Title	D
Name	JAMES, ROBERT J
Address	9725 BAY HILL WAY
City-State-Zip:	LONE TREE CO 80124

Title	VP
Name	JOHNSTON, SUZANNE
Address	7334 BRIGHTWATERS CT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	COO
Name	KHAL, THOMAS
Address	1314 NW 139TH TERRACE
City-State-Zip:	PEMBROKE PIINES FL 33028

Title	D
Name	ARMITAGE, DANA S
Address	19 RIDGE RD
City-State-Zip:	NORFOLK MA 02056

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: SUZANNE JOHNSTON

VP

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date