


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90065 001 ****61.25

| | | | | | |
|---|-----------------------|---|---|--|--|
| DOCUMENT # N04000002343 | | | |  | |
| 1. Entity Name PORT HUDSON FISHING CLUB, INC. | | | | | |
| Principal Place of Business 4066 CEDAR CREST LOOP SPRING HILL, FL 34608 | | | Mailing Address 4066 CEDAR CREST LOOP SPRING HILL, FL 34608 | | |
| 2. Principal Place of Business 16549 MONTEVERDE DR | | 3. Mailing Address 16549 MONTEVERDE DR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State SHADY HILLS FL | | City & State SHADY HILLS FL | | 4. FEI Number 55-0863132 | |
| Zip 34610-7758 | | Zip 34610-7758 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent REZAC, BOB 16549 MONTEVERDE DR MONTEVERDE SHADY HILLS, FL 34610-7758 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | FL | | Zip Code |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALY, JOHN J | | NAME | LLOYD DEGLER | |
| STREET ADDRESS | 4066 CEDAR CREST LOOP | | STREET ADDRESS | 12123 LITEWOOD DR | |
| CITY-ST-ZIP | SPRING HILL, FL 34608 | | CITY-ST-ZIP | HUDSON FL 34669 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DREHER, MARTIN L | | NAME | 8807 PLANTERS LN | |
| STREET ADDRESS | 7503 WOODBOX ROW | | STREET ADDRESS | NEW PORT RICHEY FL 34654 | |
| CITY-ST-ZIP | HUDSON, FL 34667 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REZAC, BOB | | NAME | 16549 MONTEVERDE DR | |
| STREET ADDRESS | 16549 MONTEVERDE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | SHADY HILLS, FL 34610 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUER, JOE | | NAME | BILL MARSHALL | |
| STREET ADDRESS | 11710 WHEATFIELD LOOP | | STREET ADDRESS | 16414 ALFORD LN | |
| CITY-ST-ZIP | HUDSON, FL 34667 | | CITY-ST-ZIP | SPRING HILL FL 34610 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 617, 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: <i>Lloyd Degler</i> | | | Date: 3-8-05 | | Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |