


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90047 004 \*\*\*\*61.25

**DOCUMENT # N04000002343**

1. Entity Name  
**PORT HUDSON FISHING CLUB, INC.**



Principal Place of Business  
**16549 MONTEVERDE DR  
 SHADY HILLS, FL 34610-7758**

Mailing Address  
**16549 MONTEVERDE DR  
 SHADY HILLS, FL 34610-7758**

2. Principal Place of Business  
**10301 PALMGREN LN**

3. Mailing Address  
**10301 PALMGREN LN**

Suite, Apt. #, etc.

City & State  
**SPRING HILL FL**

City & State  
**SPRING HILL FL**

Zip  
**34608**

Country  
**HERNANDO**

Zip  
**34608**

Country  
**HERNANDO**



01102006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**55-0863132**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REZAC, BOB  
 16549 MONTEVERDE DR  
 SHADY HILLS, FL 34610-7758**

7. Name and Address of New Registered Agent

Name **FRANK NARDI**

Street Address (P.O. Box Number is Not Acceptable)  
**10301 PALMGREN LN**

City **SPRING HILL** FL Zip Code **34608**

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 *Frank Nardi* **FRANK NARDI** DATE **1/17/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DEGLER, LLOYD 12123 LITEWOOD DR HUDSON, FL 34669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DREHER, MARTIN L 8807 PLANTERS LN NEW PORT RICHEY, FL 34654</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T REZAC, BOB 16549 MONTEVERDE DR SHADY HILLS, FL 34610</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MARSHALL, BILL 16414 ALFORD LN SPRING HILL, FL 34610</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FRANK NARDI 10301 PALMGREN LN SPRING HILL FL 34608</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Lloyd Degler* **LLOYD DEGLER** DATE **1/17/06** DAYTIME PHONE # **727-847-5031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR