2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000002576

1. Entity Name

MATÉCUMBE ANGLERS, INC.



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

PAUL W KAUB

129 BUENA VISTA COURT ISLAMORADA, FL 33036 US Mailing Address PAUL W KAUB

129 BUENA VISTA COURT

ISLAMORADA, FL 33036 US



01102008 No Chg-NP DO NOT WRITE IN THIS SPACE

CR2E037 (4/06)

FEI Number 65-0597692	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. N	iame and	Address of	Current Real	stered Agent

KAUB, PAUL W 129 BUENA VISTA CT ISLAMORADA, FL 33036

DO NOT WRITE IN THIS SPACE

		<u> </u>						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remistating) DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINSTEL, JIM 52 W PLAZA DEL LAGO ISLAMORADA, FL 33036	,		•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALTES, JOE 130 PONCE DE LEON BLVD ISLAMORADA, FL 33036				000000783401 01/16/08-80012-025 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALTES, LOIS 130 PONCE DE LEON BLVD ISLAMORADA, FL 33036			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL KAUB 129 BUENA VISTA CT ISLAMORADA, FL 33036			IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·						
12. Thereby 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 employered to execute this report a changed, or on an attachment with an address, with all other like empowered.

In the 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 a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

129 Buena Vista Ct. Islamorada, FL 33036