2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000130323

1. Entity Name

R & J'S BAIT & TACKLE, INC.

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FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

2392 N. MILITARY TRAIL WEST PALM BEACH, FL 33409

Mailing Address

2392 N. MILITARY TRAIL

WEST PALM BEACH, FL 33409



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1634365

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, STEPHANIE 15670 78TH PLACE NORTH LOXAHATCHEE, FL 33470

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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 reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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OFFICERS AND DIRECTORS 10. TITLE GORDON, STEPHANIE NAME 15670 78TH PLACE NORTH STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE NAME GORDON, ROBERT L STREET ADDRESS 15670 78TH PLACE NORTH LOXAHATCHEE, FL 33470 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I nereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR