## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # P93000083409 ' 1. Entity Name MUDDOBBERS, INC. Principal Place of Business Mailing Address 30750 WATSON BLVD 30750 WATSON BLVD BIG PINE KEY, FL 33043 BIG PINE KEY, FL 33043 No Chg-P CR2E034 (10/03) 03022004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0457921 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, RUSSELL D DO NOT WRITE 30750 WATSON BLVD BIG PINE KEY, FL 33043 IN THIS SPACE 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, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE MOORE, RUSSELL D NAME STREET ADDRESS 30750 WATSON BLVD U00000087950 03/15/04-80033-004 150.00 CITY-ST-ZIP BIG PINE KEY, FL 33043 CORROY, KEVIN NAME 1478 HAVELKA LANE STREET ADDRESS BIG PINE KEY, FL 330430189 CITY-ST-ZIP n BUNTING, WILLIAM M NAME STREET ADDRESS 37425 MAGNOLIA AVE. DO NOT WRITE CITY-ST-ZIP DADE CITY, FL 33523 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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 607, 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.

MOON TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: