2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000053321

1. Entity Name

SEIZOR FISHING PRODUCTS, INC.

FILED Jan 31, 2005 08:00 AN Secretary of State

402.627-7685

Principal Place of Business

SIGNATURE:

240 CAPTAINS WALK, #504 DELRAY BEACH, FL 33483 Mailing Address

SEIZOR FISHING PRODUCTS, INC 240 CAPTAINS WALK, #504 DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPAC					umber 0511646		Applied For Not Applicable 8.75 Additional Required	
6. Name and Address of Current Registered Agent				waste and a second	Marie Color de la			
EMO CORPORATE SERVICES INC 100 NE THIRD AVE SUITE 1100 FT LAUDERDALE, FL 33301			DO NOT WRITE IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the poons of registered agent	ourpose of changing its registere			th, in the State of Florida.		rith, and accept	
OIGHT FOILE	Signeture, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent signature req	ured when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	I		USDOCUSU	5340		
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TITLE NAME STREET ADDRESS CITY-SI-ZIP							. ,	
of the corp	ertify that the information supplied with this fil on this report or supplemental report is true a coration of the receiver of trustee empowered or on an attachment with an address, with all	to execute this report as requir	nption stated in ure shall have the	Section 119.07(3)(ne same legal effections, Florida Statute	i), Florida Statutes. I further as if made under oath; the series and that my name appears to the series and that my name appears to the series and the series and the series and the series and the series are series and the series and the series are series are series and the series are series are series and the series are series are series are series and the series are series are series are series are series are series and the series are series are series are series are series are series and the series are series	er certify that that I am an offi ears in Block 1	ne information cer or director 0 or Block 11 if	

GOFFICER OR DIRECTOR

RIGHATURE AND TYPED ON PROPED NAME OF SIGN