


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000034201</b>		
1. Entity Name <b>BOCA GRANDE SPORTFISHING, INC.</b>		
Principal Place of Business <b>10225 HALLENDALE DR. PORT CHARLOTTE, FL 33981</b>	Mailing Address <b>10225 HALLENDALE DR. PORT CHARLOTTE, FL 33981</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ITTERSAGEN, SCOTT D 1861 PLACIDA RD., STE. 204 ENGLEWOOD, FL 34223</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAFTON, ROGER 10225 HALLENDALE DR. PORT CHARLOTTE, FL 33981	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CRAFTON, TAMARA L 10225 HALLENDALE DR PORT CHARLOTTE, FL 33981	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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.		
SIGNATURE: <u>Tamara L Crafton, Secy/Treas.</u> 7/9/07 941-964-2357 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0778233**

Applied For
Not Applicable

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

000000768465  
07/12/07-80009-015 550.00

**DO NOT WRITE  
IN THIS SPACE**