


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000041356 1. Entity Name CALOOSA CATCH & RELEASE, INC.	
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Principal Place of Business 7002 SCARBORO DR FT MYERS FL 33919	Mailing Address 7002 SCARBORO DR FT MYERS FL 33919
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country		

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0754463** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RILEY, RONALD J
7002 SCARBORO DR
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME	VPS MUNTERS, ANDERS <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	1064 N TOWN & RIVER DR FT. MYERS FL 33919
TITLE NAME	VP FERNANDEZ, AL <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	810 SW 44TH TERRACE D CAPE CORAL FL 33914
TITLE NAME	T PODRAZA, FRAN <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	3450 LIBERTY SQUARE FORT MYERS FL 33908
TITLE NAME	P RILEY, RONALD J <input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	7002 SCARBORO DR SW FORT MYERS FL 33919
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP	U00000414715 02/11/06-80046-024 150.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ronald J. Riley **RONALD J. RILEY** **PRESIDENT 1/22/06** 239-871-9341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR