∝, FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

2000 **BBB**

P99000052490

West Coast Sport Fishing, Inc.

FILED Jun 09, 2000 8:00 am Secretary of State

06-09-2000 90018 040 ***150.00

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		j.	ξ,	

Principal Plac	e of Business		Mailing Address					
8678 Kenwood Road		8678 Kenwood Road			ıd			
Largo, FL 33777		Largo, FL 33777						
Bargo,	111 337	•	Edigo, I		•		3. Date Incorporated or Qualified 3a. Date of Last Report	
							6/7/99	
2 Principal F	Place of Busines		2a. Mailing Addres	<u> </u>			4. FEI Number Applied For	
2. Principal Place of Business		26			59-3588839 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8 75 Additional			
22		27			5. Certificate of Status Desired Fee Required			
City & State		City & State			- 6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution			
Zip		Country	Zip Country		,	8. This corporation has liability for intangible tax under s. 199.032,		
24	25]	29	30			Florida Statutes Yes 🔀 No	
	9. Name an	d Address of Current	Registered Agent		<u> </u>	·	10. Name and Address of New Registered Agent	
					81	Name		
Joseph	n V. Ge	novese			82	Street Address (P.O. Box Number is Not Acceptable) 8678 Kenwood Road		
	30th Av				_		Kenwood Road	
	etersbu		710		83			
	• • • • • • • • • • • • • • • • • • • •	- 3,	•		84	City	85 Zip Code	
						Lárgo	o FL 33777	
11. Pursuant	to the provision	s of Sections 607.0502	and 607,1508, Florida	Statutes, the a	bove	e-named cor	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
agent, I a	registered agen im familiar with,	and accept the obligati	ons of, Section 607.05	05, Florida Sta	tutes	s.	ations sound of directors. Thereby accept the appointment as regional	
SIGNATURE	//areps	11 1/1		eph V.	G	enoves	se, President 4/28/00	
Sidivitoria	nature, typed or	printed name of registered agent			d Age	ent signature requ	puired when reinstating) DATE	
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	DPVST	_	☐ DELE				Cuarde T voorion	
NAME Joseph V. Genovese		1.2 N						
) SINEET ISSUED OO / O RCIIWOOG ROAG				ADDRESS				
CITY-ST-ZIP	Largo.	<u>FL 33777</u>	DELE			ST-ZIP	Change Addition	
TITLE				1				
NAME				2.2 N				
STREET ADDRESS				Š.		ADDRESS		
CITY-ST-ZIP			DELE			ST-ZIP	Change Addition	
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CITY-ST-ZIP			DELE			ST-ZIP	Change Addition	
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NAME STREET ADDRESS			-	H		ADDRESS	ļ	
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CITY-ST-ZIP TITLE			DELE			A LII	Change Addition	
NAME		•		62 N				
				ll l		ADDRESS		
STREET ADDRESS				ll l		ST - ZIP	• • · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP 14. do here	Leby certify that the	ne information supplied	with this filing does no	t qualify for the	eve	motion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the	
information	on indicated on	this annual report or sui	oplemental annual rep	ort is true and	acci	urate and the	nat my signature shall have the same legal effect as if made under oath; that	

4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Plotted statutes. Fibrihar certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
JOSEPh V. Genovese

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/0

727-394-2278

Daytime Phone #