

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 16, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P94000053321**

**1. Entity Name  
SEIZOR FISHING PRODUCTS, INC.**

**Principal Place of Business  
240 CAPTAINS WALK, #504  
DELRAY BEACH, FL 33483 US**

**Mailing Address  
SEIZOR FISHING PRODUCTS, INC  
240 CAPTAINS WALK, #504  
DELRAY BEACH, FL 33483 US**



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
65-0511646** ☐ **Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**EMO CORPORATE SERVICES INC  
100 NE THIRD AVE  
SUITE 1100  
FT LAUDERDALE, FL 33301**

**DO NOT WRITE  
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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BIEGERT, REX  
240 CAPTAINS WALK, 504  
DELRAY BEACH, FL**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
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CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

U00000006316  
01/16/04-80030-006 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Rex Biegert* **(Rex Biegert)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-04

402-627-7685