

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2008 8:00 am
Secretary of State

05-05-2008 90223 014 ***150.00

DOCUMENT # P07000081684

1. Entity Name
CAPT CHRIS MORRISON FLATS & BACKCOUNTRY FISHING, INC.



Principal Place of Business
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

Mailing Address
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

2. Principal Place of Business - No P.O. Box #
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

3. Mailing Address
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

Suite, Apt. #, etc.
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

Suite, Apt. #, etc.
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

City & State
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

City & State
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

Zip
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

Country
**8079 GULFSTREAM BOULEVARD
MARATHON, FL 33050**

Zip
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Country
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MARATHON, FL 33050**



03122008 Chg-P CR2E034 (12/06)

4. FEI Number
26-0554777

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BISHOP, DENNIS M
8085 OVERSEAS HIGHWAY
MARATHON, FL 33050**

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
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORRISON, CHRISTIAN 8079 GULFSTREAM BOULEVARD MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **5-1-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #