

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L80848

**Entity Name:** FLORIDA KEYS FLY FISHING SCHOOL & OUTFITTERS, INC.

**FILED**  
**Jan 31, 2022**  
**Secretary of State**  
**4020605244CC**

**Current Principal Place of Business:**

81219 OVERSEAS HWY  
ISLAMORADA, FL 33036

**Current Mailing Address:**

P.O. BOX 603  
ISLAMORADA, FL 33036 US

**FEI Number: 65-0201554**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MORET, SANFORD W  
81219 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MORET, SANFORD W  
Address 81219 OVERSEAS HWY  
City-State-Zip: ISLAMORADA FL 33036

Title ST  
Name MORET, SANFORD W  
Address 81219 OVERSEAS HWY  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name DINNEEEN, ALYSIA  
Address 81219 OVERSEAS HWY  
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR  
Name DUCKWORTH, MICHAEL  
Address 81219 OVERSEAS HWY  
City-State-Zip: ISLAMORADA FL 33036

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: SANFORD W MORET**

**PRESIDENT**

**01/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date