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

Electronic Signature of Signing Officer/Director Detail

**Current Principal Place of Business:** 

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

81219 OVERSEAS HWY ISLAMORADA, FL 33036

### **Current Mailing Address:**

P.O. BOX 603 ISLAMORADA, FL 33036 US

# FEI Number: 65-0201554

## 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

#### **Officer/Director Detail :**

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

Certificate of Status Desired: Yes

FILED Jan 13, 2018 Secretary of State CC1552144541

> 01/13/2018 Date

PRESIDENT

Date

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# L80848