

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90004 017 ***150.00

DOCUMENT # 200480

1. Entity Name

ANGLERS ABODE INC



Principal Place of Business

2715 LAKE DR.
APT 201
WEST PALM BEACH FL 33404

Mailing Address

2715 LAKE DR.
APT 201
WEST PALM BEACH FL 33404
US

2. Principal Place of Business

2715 LAKE DR.

Suite, Apt. #, etc.

APT 201

City & State

RIVIERA BEACH, FL

Zip
33404

Country

PALM BEACH

3. Mailing Address

2715 LAKE DR.

Suite, Apt. #, etc.

APT 201

City & State

RIVIERA BEACH, FL

Zip
33404

Country

PALM BEACH



MOORE

CR2E034 (11/03)

4. FEI Number

65-0119968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEVERS, JOHN E
2715 LAKE DRIVE, APT. 201
RIVERA BEACH FL 33404

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NEVERS, JOHN E
STREET ADDRESS 2715 LAKE DRIVE, APT. 201
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE V ☐ Delete
NAME HARRIS, JAY
STREET ADDRESS 2715 LAKE DR., APT 203
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE TS ☐ Delete
NAME COYLE, MARJOIE H
STREET ADDRESS 112 STONE CROSSING
CITY-ST-ZIP STEWARTSVILLE NJ 08886

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John E. Nevers JOHN E. NEVERS

MARCH 6, 2004

Ph. 561-881-9586

Date

Daytime Phone #