

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 359322

1. Entity Name
CAPT. HARRY'S FISHING SUPPLY CO., INC.



Principal Place of Business

**100 NE 11TH ST
MIAMI, FL 33132**

Mailing Address

**100 NE 11TH ST
MIAMI, FL 33132**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1299590

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARL LIEDERMAN
375 RIDGEWOOD RD.
KEY BISCAVNE, FL 33149**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000780936
01/15/08-80014-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LIEDERMAN, CARL
STREET ADDRESS 375 RIDGEWOOD ROAD
CITY - ST - ZIP KEY BISCAVNE, FL 33149

TITLE V
NAME VERNON, HARCOURT D
STREET ADDRESS 350 RIDGEWOOD ROAD
CITY - ST - ZIP KEY BISCAVNE, FL 33149

TITLE T
NAME LIEDERMAN, LUANNE
STREET ADDRESS 375 RIDGEWOOD ROAD
CITY - ST - ZIP KEY BISCAVNE, FL 33149

TITLE S
NAME VERNON, KIM
STREET ADDRESS 350 RIDGEWOOD ROAD
CITY - ST - ZIP KEY BISCAVNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08 (305) 374-4661

EXT 224