


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 373623			
1. Entity Name BILL BOYD'S TACKLE SHOP, INC.			
Principal Place of Business 508 N. ANDREWS AVE. FORT LAUDERDALE FL 33301		Mailing Address 508 N. ANDREWS AVE. FORT LAUDERDALE FL 33301	
2. Principal Place of Business		3. Mailing Address 407 N. Andrews Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FLand FL	
Zip	Country	Zip 33301	Country USA.

FILED
05 MAY 10 PM 2: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

4. FEI Number 59-1355431		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORMAN, CHARLES 320 NW THIRD AVE. OCALA FL 32670		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 *X Charles Forman* (NOTE: Registered Agent signature required when reinstating) DATE **4/15/2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, WILLIAM SCOTT 508 N. ANDREWS AVE. FT. LAUDERDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100054751231 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/19/05--01002--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORMAN, WALTER H. 6525 S. FLAGLER DR. WEST PALM BEACH FL <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	D FORMAN, CHARLES R. 320 NW 3RD DR. OCALA FL <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
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
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

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 empowerments.

SIGNATURE: *X William Scott Boyd* **William Scott Boyd** **4/15/2005** **954-4628366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #