2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# 414969

Entity Name: TACKLE SHACK INC

Current Principal Place of Business:

7801 66TH STREET, NORTH
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

7801 66TH STREET, NORTH
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-1428125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, LOUIS H
2700 - 66 WAY N
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVINE, LOUIS H,
Address: 2700 66TH WAY NORTH
City-St-Zip: ST PETERSBURG, FL

Title: SDT ( ) Delete
Name: LEVINE, ARLENE,
Address: 2700 66TH WAY NORTH
City-St-Zip: ST PETERSBURG, FL

Title: D ( ) Delete
Name: LEVINE, JAMES M
Address: 7110 NORTH HABANA
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete
Name: LEVINE, ANDREW P
Address: 16011 5TH STREET E
City-St-Zip: REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEVINE, LOUIS H,
Address: 2700 66TH WAY NORTH
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: SDT (X) Change ( ) Addition
Name: LEVINE, ARLENE,
Address: 2700 66TH WAY NORTH
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D (X) Change ( ) Addition
Name: LEVINE, JAMES M
Address: 7110 NORTH HABANA
City-St-Zip: TAMPA, FL 33614 US

Title: D (X) Change ( ) Addition
Name: LEVINE, ANDREW P
Address: 16011 5TH STREET E
City-St-Zip: REDINGTON BEACH, FL 33708 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ARLENE LEVINE SDT 01/05/2005

Electronic Signature of Signing Officer or Director Date