## **P6 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an addre

## May 04, 2006 8:00 am Secretary of State **DOCUMENT # 446245** 1. Entity Name 05-04-2006 90250 007 \*\*\*150.00 SATELLITE BAIT & TACKLE, INC. Principal Place of Business Mailing Address 1100 S. PATRICK DRIVE 1100 S. PATRICK DRIVE 50018694 SATELLITE BEACH, FL 32937 SATELLITE BEACH, FL 32937 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1538537 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENSEN JAMES W --- -DO NOT WRITE 201 VENICE CT SATELLITE BEACH, FL 32937 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JENSEN, JAMES W NAME 201 VENICE CT STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL 32937 TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; 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 of the corporation of the corporation of the corporation of 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 of the corporation o

BRIAN DENSON

all other like empowered.

ENTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED**