## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 24, 2006 8:00 am DOCUMENT # 448221 **Secretary of State** 07-24-2006 90007 034 \*\*\*150.00 LES WILL'S RIVERLAND BAIT, TACKLE & GUN SHOP, INC Principal Place of Business Mailing Address 272 S.W. 27AVE 272 S.W. 27AVE FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) Applied For 4. FEI Number City & State City & State 59-1535670 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STAN, RICHARD H. 272 SW 27TH AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 City 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 remoteration and find (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change Addition STAN, RICHARD H NAME NAME 272 S.W. 27AVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33312 CITY-ST-ZIP CITY - ST - ZIP Change TITLE Delete TITLE Addition WILL, DOROTHY A. NAME NAME WILL, DOROTAY A NEWSMYRA 1229 MASSEY RD STREET ADDRESS STREET ADDRESS NEW SMYRNA FL 32168 CITY-ST-ZIP CITY - ST - ZIP JILLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 12. Thereby 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

er like empowered.

changed, or on an attachment with

SIGNATURE:

FILED