

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 621218**

1. Entity Name  
**FLORIDA FISH MASTERS PRO GUIDE AND TACKLE, INC.**



Principal Place of Business  
**3325 13TH STREET  
ST. CLOUD, FL 34769**

Mailing Address  
**3325 13TH STREET  
ST. CLOUD, FL 34769**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1933835**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SWARTZ, JOHN A  
3325 13TH STREET  
SAINT CLOUD, FL 34769**

**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**

000000893204  
04/23/08-80098-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	SWARTZ, ANNA
STREET ADDRESS	3325 13TH ST.
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	P
NAME	SWARTZ, JOHN A
STREET ADDRESS	3325 13TH ST.
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** Anna Swartz Anna Swartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

407 892-5962

Daytime Phone #