

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667677

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** CLASSIC FISHING PRODUCTS, INC.

**Current Principal Place of Business:**

13518 GRANVILLE AVENUE  
CLERMONT, FL 347119628

**New Principal Place of Business:**

**Current Mailing Address:**

13518 GRANVILLE AVENUE  
CLERMONT, FL 347119628

**New Mailing Address:**

**FEI Number:** 59-2039517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIBBS, LOUIE W  
13518 GRANVILLE AVE  
CLERMONT, FL 34711 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: GIBBS, LOUIE W  
Address: 17520 APSHAWA RD  
City-St-Zip: CLERMONT, FL 34711

Title: P  
Name: ALBERS, DAMON L.  
Address: 2648 VALIANT DRIVE  
City-St-Zip: CLERMONT, FL 34711

Title: V  
Name: CALVACCA, BETH  
Address: 968 5TH STREET  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: DAMON L ALBERS

P

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date