

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90221 028 ****61.25

DOCUMENT # 732496 1. Entity Name BEELINE BASS BUSTERS BASS CLUB, INC.			
Principal Place of Business 159 RIVERS CT ROYAL PALM BEACH, FL 33411 US		Mailing Address 159 RIVERS CT ROYAL PALM BEACH, FL 33411 US	
2. Principal Place of Business 19080 TALON WAY Suite, Apt. #, etc.		3. Mailing Address 19080 TALON WAY Suite, Apt. #, etc.	
City & State JUPITER, FL Zip 33458 Country USA		City & State JUPITER, FL Zip 33458 Country USA	
4. FEI Number 59-1753634		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOFTIS, JAMES R 159 RIVERS CT WEST PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name BYRON R. CHASTAIN Street Address (P.O. Box Number is Not Acceptable) 19080 TALON WAY City JUPITER FL 33458	
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 <u><i>Byron R. Chastain</i></u> (BYRON R. CHASTAIN) SECRETARY APRIL 19, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYER, FRANK 7924 SE LEXINGTON HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUSS SMOZANEK 410 KENNEDY ST. JUPITER, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOFTIS, JAMES R 159 RIVERS CT ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AL REED 35 WILLOW ROAD TEQUESTA, FL 33469 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JARRIEL, DON 2521 MANIKI DR WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S BYRON CHASTAIN 19080 TALON WAY JUPITER, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARRIS, LARRY W 12836 LONGFORD RD. NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICK LUCAS 24 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEAD, CARROLL 2252 SW 22ND CICLE N. OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHASTAINE, BYRON 19080 TALON WAY JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: <u><i>Byron R. Chastain</i></u> (BYRON R. CHASTAIN) 4/19/2005 561 747-6291 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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