


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90036 015 ****61.25

DOCUMENT # 734558
 1. Entity Name
OLD SALT FISHING CLUB, INC.




Principal Place of Business Mailing Address
P. O. BOX 8564 MADEIRA BEACH FL 33738 US
P. O. BOX 8564 MADEIRA BEACH FL 33738 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04061000

 MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MAGGS, ROBERT
4725 COVE CIRCLE N APT 811
SAINT PETERSBURG FL 33708

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 registered agent.
 SIGNATURE *Robert Maggs TREAS*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VERDENSKY, THOMAS K	
STREET ADDRESS	8034 BAYHAVEN DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	PP	<input type="checkbox"/> Delete
NAME	HASSON, JAMES	
STREET ADDRESS	P O BOX 8564	
CITY-ST-ZIP	MADEIRA BEACH FL 33738	
TITLE	T	<input type="checkbox"/> Delete
NAME	MAGGS, ROBERT F	
STREET ADDRESS	4725 COVE CIR APT 210	
CITY-ST-ZIP	MADEIRA BEACH FL 33738	
TITLE	D	<input type="checkbox"/> Delete
NAME	WISELY, DEA	
STREET ADDRESS	10208 TARPON DR	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REDDING, CHUCK	
STREET ADDRESS	7970 55TH WAY N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, RICHARD	
STREET ADDRESS	8396 MEADOWBROOK DR.	
CITY-ST-ZIP	LARGO FL 33777	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Robert Maggs* **ROBERT F MAGGS TREAS** *2/24/04* **(727) 497-1660**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #