

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739211

FILED
Apr 26, 2005
Secretary of State

Entity Name: FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.

Current Principal Place of Business:

P.O. BOX 936
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 936
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 65-0450063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGOOD, RICHARD A.
309 PALM AVE.
ISLAMORADA, FL 33036 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: S () Delete
Name: SOULE, SKIP
Address: 5505 E. 30TH DR.
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: BREWER, CRAIG
Address: 153 S. HAMMOCK
City-St-Zip: ISLAMORADA, FL 33036

Title: 2V () Delete
Name: MILLER, RICK
Address: 127 INDIAN MOUND TR
City-St-Zip: TAVERNIAN, FL 33037

Title: C () Delete
Name: BURKE, TAD
Address: 139 INDIAN MOUND TRAIL
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: ELLIS, GARY
Address: PO BOX 273
City-St-Zip: ISLAMORADA, FL 33036

Title: T () Delete
Name: ALBURY, RUSTY
Address: 113 MATECUMBE AVE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAD BURKE

_____ Electronic Signature of Signing Officer or Director

C

04/26/2005

_____ Date