2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # 756187 1. Entity Name FORT PIERCE SPORTFISHING CLUB, INC.					04-28-2008	90404 039 *	****61.	25
2303 ATLANTIC BEACH AVE P.O.		Mailing Address P.O. BOX 4051 FORT PIERCE, FL 3494	•		TIITA AITAI UKAFKAUI IK	i de de de la compaña de l	IEIF BYRNI RIR	HKAR ALITERI
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008	Chg-NP	CR2E037	(12/06)	
City & State		City & State		4. FEI Number 59-2163				oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate o	f Status Desired		3.75 Add	litional
	6. Name and Address of Current I	Registered Agent		7. Name and A	Address of New	Registered Age	ent	
00400	NO.441		Name					
COMBS, BRIAN 2303 ATLANTIC BEACH BLVD FORT PIERCE, FL 34949			Street A	ddress (P.O. Box Number	(P.O. Box Number is Not Acceptable)			
			City			FL	Zip Cod	<u> </u>
8. The above named entity submits this statement for the purpose of changing its register				· · · · · · · · · · · · · · · · · · ·				
the obligat	ions of registered agent.	AVT						
	-39	(NOTE	: Hegistered Agent signatu	re required when reinstating)		DATE		
· · · · · · · · · · · · · · · · · · ·	Filing Fee is \$61.25 Due by May 1, 2008	· · · · · · · · · · · · · · · · · · ·	npaign Financing	\$5.00 May Be Added to Fees		Make check porida Departme	-	
10.	Filing Fee is \$61.25	9. Election Carr Trust Fund C	npaign Financing	\$5.00 May Be	Flo	Make check porida Departme	ent of St	tate
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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 of 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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR

4-25-08 172473-397

Dzytime Phone #