2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #769453

WEST PALM BEACH FISHING CLUB, INC.



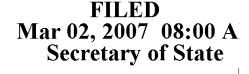
Principal Place of Business

Mailing Address

201 FIFTH STREET P.O.BOX 468

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W PALM BCH, FL 33402 W PALM BCH, FL 33402





DO NOT WRITE IN THIS SPACE

02272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0058566

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWYFORD, THOMAS L., JR. 201 FIFTH STREET W. PALM BEACH, FL 33402

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000654216 03/43/07-80053-005 61.25	
10.	OFFICERS AND DIRECT	ORS		,	- MONTONAL GRAND AND AND AND AND AND AND AND AND AND	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOLLEY, JOHN W., JR. 205 S OCEAN BLVD MANALAPON, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEISER, DANIEL R. 200 W RIVERSIDE DR JUPITER, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, THOMAS 400 EXECUTIVE CENTER DR. #105 WEST PALM BEACH, FL			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWYFORD, THOMAS L., JR. 921 LAUREL RD N PALM BCH, FL		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME						

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 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.

CITY+ST-ZIP

STREET ADDRESS 11 1547, SE 1345 134

ER OR DIRECTOR