


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 A
Secretary of State**

DOCUMENT # F06637 1. Entity Name MASTRY'S BAIT & TACKLE, INC.	
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Principal Place of Business 1700 4TH ST. SOUTH ST PETERSBURG, FL 33701	Mailing Address 1700 4TH ST. SOUTH ST PETERSBURG, FL 33701
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01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2037058	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 MASTRY, MICHAEL 1700 4TH STREET SOUTH ST PETERSBURG, FL 33701

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000408032
02/08/06-80044-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE	SD
NAME	MASTRY, LARRY RAY
STREET ADDRESS	1700 4TH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	PD
NAME	MASTRY, MICHAEL DALE
STREET ADDRESS	1700 4TH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	TD
NAME	MASTRY, MIKE
STREET ADDRESS	1700 4TH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Michael Dale Masty **Michael Dale Masty** 1/23/06 727-896-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #