

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F06637

1. Entity Name
MASTRY'S BAIT & TACKLE, INC.



Principal Place of Business
**1700 4TH ST. SOUTH
ST PETERSBURG, FL 33701**

Mailing Address
**1700 4TH ST. SOUTH
ST PETERSBURG, FL 33701**



02092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2037058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

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02/21/07-80010-013 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07 727-896-8889
Date Daytime Phone #