


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90014 031 ***150.00

DOCUMENT # F80381

1. Entity Name
WRIGHT TACKLE SHOP, INC.



Principal Place of Business Mailing Address

% ROSANNE M. RENGEL
 620 EAST WRIGHT STREET
 PENSACOLA FL 32501

% ROSANNE M. RENGEL
 620 EAST WRIGHT STREET
 PENSACOLA FL 32501

40041020



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address

Co R.M. Rengel *Co R.M. Rengel*

Suite, Apt. #, etc. Suite, Apt. #, etc.

6190 Leopard Rd *6190 Leopard Rd*

City & State City & State

Milton FL *Milton FL*

Zip Country Zip Country

32583 *Santa Rosa* *32583* *Santa Rosa*

4. FEI Number Applied For

59-2167280 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

RENGEL, ROSANNE M.
620 EAST WRIGHT STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name *R.M. Rengel*

Street Address (P.O. Box Number is Not Acceptable)
6190 Leopard Rd

City *Milton* FL Zip Code *32583*

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PST	RENGEL, ROSANNE M.	620 EAST WRIGHT STREET	PENSACOLA FL	<input type="checkbox"/>
VD.	RENGEL, ROSANNE M.	620 EAST WRIGHT STREET	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #1

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PST	Rengel, R.M.	6190 Leopard Rd	Milton FL 32583	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Rengel, R.M.	6190 Leopard Rd	Milton, FL 32583	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Rosanne M. Rengel (Rosanne M. Rengel)* Date *3-23-05* Telephone # *(850) 626-334*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #