

# 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

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

Mailing Address

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

40041020



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

*Co R.M. Rengel*  
*6190 Leopard Rd*  
City & State  
*Milton FL*

3. Mailing Address

*Co R.M. Rengel*  
*6190 Leopard Rd*  
City & State  
*Milton FL*

4. FEI Number

59-2167280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME RENGEL, ROSANNE M.  
STREET ADDRESS 620 EAST WRIGHT STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE VD. ☐ Delete  
NAME RENGEL, ROSANNE M.  
STREET ADDRESS 620 EAST WRIGHT STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition  
NAME Rengel, R.M.  
STREET ADDRESS 6190 Leopard Rd  
CITY-ST-ZIP Milton, FL 32583

TITLE ☒ Change ☐ Addition  
NAME Rengel, R.M.  
STREET ADDRESS 6190 Leopard Rd  
CITY-ST-ZIP Milton, FL 32583

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-23-05 (850) 626-3344*