2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2004 08:00 AM DOCUMENT # G72274 **Secretary of State** RIVERVIEW BAIT & TACKLE, INC. Principal Place of Business Mailing Address 617 WEST WASHINGTON STREET P.O. BOX 475 CHATTAHOOCHEE, FL 32324 CHATTAHOOCHEE, FL 32324 02242004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2349078 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent t in angle from the control of the c BASS, E. NEAL DO NOT WRITE U.S. 90 WEST CHATTAHOOCHEE, FL 32324 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000094660 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE BASS, JOHN D NAME 45 SMITH LANE STREET ADDRESS CITY-ST-ZIP CHATTAHOOCHEE, FL 32324 A CONTRACTOR OF THE PROPERTY O TID.F Commence of the Commence of th NAME BASS, DOROTHY PO BOX 475 STREET ADDRESS A depose the same and the same CHATTAHOOCHEE, FL 32324 CITY-ST-7IP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I nereby 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 cath; 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.

IAME OF SIGNING OFFICER OF DIRECTOR

FILED