


2007. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90146 047 ***150.00

DOCUMENT # M90353		
1. Entity Name BAIT BUSTERS TACKLE, INC.		

Principal Place of Business THEODORE H ORRELL 2301 NE 5TH AVENUE POMPANO BEACH FL 33064 US	Mailing Address THEODORE H ORRELL 2301 NE 5TH AVENUE POMPANO BEACH FL 33064 US
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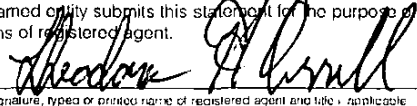


2. Principal Place of Business - No P.O. Box # 1453 GROVE ST Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 700 Suite, Apt. #, etc.
City & State EUSTIS FL	City & State EUSTIS, FL
Zip 32726 Country USA	Zip 32727-0700 Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0063066	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 THEODORE H ORRELL 2301 NE 5TH AVE POMPANO BEACH FL 33064	
7. Name and Address of New Registered Agent Name THEODORE H ORRELL Street Address (P.O. Box Number is Not Acceptable) 1453 GROVE ST City EUSTIS FL Zip Code 32726	

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.

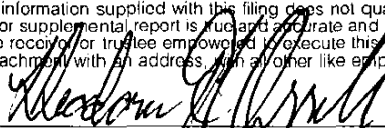
SIGNATURE  DATE **3/19/07**

Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D THEODORE H ORRELL 2301 NE 5TH AVE POMPANO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:  DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR