

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000001226**

1. Entity Name  
**BONEFISH & TARPON UNLIMITED, INC.**



Principal Place of Business 24 DOCKSIDE LANE PMB 83 KEY LARGO, FL 33037	Mailing Address 24 DOCKSIDE LANE PMB 83 KEY LARGO, FL 33037
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**DO NOT WRITE IN THIS SPACE**



03252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0988321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DAVIDSON, THOMAS N**  
**7 SUNRISE CAY DRIVE**  
**KEY LARGO, FL 33037**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinitiating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

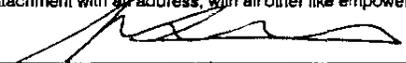
U00000141629  
 04/30/04-80019-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIDSON, THOMAS N 7 SUNRISE CAY DRIVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARKAVY, JEFF S 3101 N FEDERAL HWY 8TH FLOOR FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CHICO 11450 SW 98TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 617, 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:**  **THOMAS N. DAVIDSON** 4/28/04 305-367-3416

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