

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90063 048 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4007435  04192007 Chg-NP CR2E037 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0988321	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DAVIDSON, THOMAS N 7 SUNRISE CAY DRIVE KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIDSON, THOMAS N 7 SUNRISE CAY DRIVE KEY LARGO, FL 33037	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wingrove Paul 428 S. COLONIAL Palm Blvd TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARKAVY, JEFF S 3101 N FEDERAL HWY 8TH FLOOR FORT LAUDERDALE, FL 33306	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APTG, STU 133 PLANTATION DRIVE TAVERNIER FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, CHICO 11450 SW 98TH STREET MIAMI, FL 33176	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC FISHER, RUSSELL 50 CLUBHOUSE RD KEY LARGO, FL 33037	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					