2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2008
Secretary of State

DOCUMENT# N00000001226

Entity Name: BONEFISH & TARPON UNLIMITED, INC.

Current Principal Place of Business:

24 DOCKSIDE LANE
PMB 83
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

24 DOCKSIDE LANE
PMB 83
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0988321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	DAVIDSON, THOMAS N	
Address:	7 SUNRISE CAY DRIVE	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	STD	( ) Delete
Name:	HARKAVY, JEFF S	
Address:	3101 N FEDERAL HWY 8TH FLOOR	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	D	( ) Delete
Name:	WINGROVE, PAUL	
Address:	428 S. COCONUT PALM BLVD	
City-St-Zip:	TAVERNIER, FL 33070	
Title:	VC	( ) Delete
Name:	FISHER, RUSSELL	
Address:	50 CLUBHOUSE RD	
City-St-Zip:	KEY LARGO, FL 33037	
Title:	D	( ) Delete
Name:	APTE, STU	
Address:	133 PLANTATION DRIVE	
City-St-Zip:	TAVERNIER, FL 33070	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS N. DAVIDSON CD 06/18/2008

Electronic Signature of Signing Officer or Director — Date