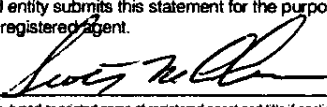
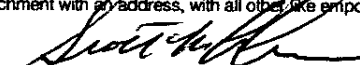


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90004 028 ****61.25

DOCUMENT # N00000001947 1. Entity Name SOUTH FLORIDA BASS ANGLER'S, INC.			
Principal Place of Business 1847 ARAGON AVE., #7 LAKE WORTH, FL 33461		Mailing Address 1847 ARAGON AVE., #7 LAKE WORTH, FL 33461	
2. Principal Place of Business 7171 SARATOGA WATERS WAY Suite, Apt. #, etc.		3. Mailing Address 7171 SARATOGA WATERS WAY Suite, Apt. #, etc.	
City & State LAKE WORTH, FLORIDA		City & State LAKE WORTH, FLORIDA	
Zip 33467-7758		Zip 33467-7758	
Country FLORIDA		Country FLORIDA	
4. FEI Number 65-0837350		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALCOLM, SCOTT 1847 ARAGON AVE., #7 LAKE WORTH, FL 33461		7. Name and Address of New Registered Agent Name SCOTT MALCOLM Street Address (P.O. Box Number is Not Acceptable) 7171 SARATOGA WATERS WAY City LAKE WORTH FL Zip Code 33467-7758	
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  SCOTT MALCOLM		DATE 7-30-04	
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALCOLM, SCOTT 1847 ARAGON AVE., #7 LAKE WORTH, FL 33461	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDS, DONALD 3818 FLORIDA BLVD WEST PALM BEACH, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEYSER, DOUG 6653 VENETIAN DRIVE LANTANA, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAUERS, BILL 245 SCARBOROUGH TERRACE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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 my address, with all other like empowered.			
SIGNATURE:  SCOTT MALCOLM		DATE 7-30-04 (561) 329-7136	