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.

54066421

Principal Place of Business	Mailing Address
~~1847 ARAGON AVE., #7~~ ~~LAKE WORTH, FL 33461~~	1847 ARAGON AVE., #7 LAKE WORTH, FL 33461

07182004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
7171 SARATOGA WATERS WAY Suite, Apt. #, etc.	7171 SARATOGA WATERS WAY Suite, Apt. #, etc.
City & State: LAKE WORTH, FLORIDA	City & State: LAKE WORTH, FLORIDA
Zip: 33467-7758 Country: PALM BEACH	Zip: 33467-7758 Country: PALM BEACH

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	7. Name and Address of New Registered Agent
MALCOLM, SCOTT ~~1847 ARAGON AVE., #7~~ ~~LAKE WORTH, FL 33461~~	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 McColm SCOTT MALCOLM 7-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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	PD MALCOLM, SCOTT 1847 ARAGON AVE., #7 LAKE WORTH, FL 33461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICHARDS, DONALD 3818 FLORIDA BLVD WEST PALM BEACH, FL 33410	☐ Delete	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	☐ Delete	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	☐ 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
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 an address, with all other like empowered.

SIGNATURE: Scott McColm SCOTT MALCOLM 7-30-04 (561) 329-7136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #