

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000001947

1. Entity Name  
SOUTH FLORIDA BASS ANGLER'S, INC.



Principal Place of Business  
7171 SARATOGA WATERS WAY  
LAKE WORTH, FL 33467

Mailing Address  
7171 SARATOGA WATERS WAY  
LAKE WORTH, FL 33467



03082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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  
7171 SARASOTA WATERS WAY  
LAKE WORTH, FL 33467

**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

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MALCOLM, SCOTT
STREET ADDRESS	1847 ARAGON AVE., #7
CITY - ST - ZIP	LAKE WORTH, FL 33461
TITLE	TD
NAME	RICHARDS, DONALD
STREET ADDRESS	3818 FLORIDA BLVD
CITY - ST - ZIP	WEST PALM BEACH, FL 33410
TITLE	VPD
NAME	KEYSER, DOUG
STREET ADDRESS	6653 VENETIAN DRIVE
CITY - ST - ZIP	LANTANA, FL 33462
TITLE	SD
NAME	SAUERS, BILL
STREET ADDRESS	245 SCARBOROUGH TERRACE
CITY - ST - ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000304399  
04/14/05-80042-005 61.25

**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)(f), 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 #

SCOTT MALCOLM 3-15-05 (561)966-8681