

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

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90146 018 ****61.25

DOCUMENT # N01000003195

1. Entity Name

OLE TIMERS BAIT TOURNAMENT, INC.



Principal Place of Business

1533 HENDRY ST
SUITE 200
FT MYERS, FL 33901

Mailing Address

1533 HENDRY ST
SUITE 200
FT MYERS, FL 33901

20029383



03242005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1119155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOOT, J T III
1533 HENDRY ST
SUITE 200
FT MYERS, FL 33901

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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 registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
SMITH SAWYER
~~WILKINSON WILKINSON~~
~~1700 MONROE ST~~ *1415 Hendry Street*
FT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
SHEARER, JOHN H JR
2050 MCGREGOR BLVD
FT MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SMOOT, J T III
1533 HENDRY ST SUITE 200
FT-MYERS, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

14/7/05

823-728-2430

John H. Shearer, Jr. 5/0