


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90083 005 ****61.25

DOCUMENT # N02000007002 1. Entity Name REDNECK INVITATIONAL FISHING TOURNAMENT, INC.					
Principal Place of Business 787 OVERRIVER DRIVE NORTH MYERS, FL 33903			Mailing Address 787 OVERRIVER DRIVE NORTH MYERS, FL 33903		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NORTH FORT MYERS, FL		City & State NORTH FORT MYERS, FL		4. FEI Number 33-1021867	
Zip 33903		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33903		33903		6. Name and Address of Current Registered Agent	
MURRAY, ROBERT 787 OVERRIVER DRIVE NORTH MYERS, FL 33903		7. Name and Address of New Registered Agent			
		Name MURRAY, ROBERT			
		Street Address (P.O. Box Number is Not Acceptable) 787 OVERRIVER DRIVE			
		City NORTH FORT MYERS FL Zip Code 33903			
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 _____ (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. <input type="checkbox"/>		\$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	DP WHITE, MARK 1105 SR 82 IMMOKOLEE, FL 34142	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MURRAY, ROBERT 787 OVERRIVER DR NORTH FT MYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KIRSCHNER, TOM 6533 IDLEWILD ST FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRISBIE, MARK 6451 MOGAN LALEE LANE FORT MYERSS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MATHIS, WES PO BOX 2776 LABELLE, FL 33975	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 the address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>		Date 4-25-05 Daytime Phone # 239-707-2272			