## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Secretary of State 04-19-2004 90385 006 \*\*\*\*61.25 DOCUMENT # N03000005857 THE RED SNAPPER WORLD CHAMPIONSHIP, INC. Principal Place of Business . Mailing Address 66418317 2553 FRANK CIRCLE 2553 FRANK CIRCLE GULF BREEZE, FL 32563 **GULF BREEZE, FL 32563** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 86-10763 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINGER, BRIAN 2553 FRANK CIRCLE Street Address (P.O. Box Number is Not Acceptable) GULF BREEZE, FL 32563 Zip Code 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 requi DATE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE ■ Addition FINGER, BRIAN NAME NAME 2553 FRANK CIRCLE STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-ZP CITY-ST-ZIP Detete TITLE Change ☐ Addition FIVASH, JOHN L JR NAME NAME 2553 FRANK CIRCLE STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-ZIP C(TY - ST - 7/P TITLE Delete TITLE Change ☐ Addition BELL, ALLEN NAME NAME 2553 FRANK CIRCLE\_ STREET ADDRESS STREET ADORESS CITY-ST-ZIP GULF BREEZE, FL 32563 CITY - ST - ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete Title F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiess, with all other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 03, 2004 8:00 am