

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90047 004 ****61.25

DOCUMENT # N04000002343					
1. Entity Name PORT HUDSON FISHING CLUB, INC.					
Principal Place of Business 16549 MONTEVERDE DR SHADY HILLS, FL 34610-7758			Mailing Address 16549 MONTEVERDE DR SHADY HILLS, FL 34610-7758		
2. Principal Place of Business 10301 PALMGREN LN Suite, Apt. #, etc.		3. Mailing Address 10301 PALMGREN LN Suite, Apt. #, etc.			
City & State SPRING HILL FL		City & State SPRING HILL FL		4. FEI Number 55-0863132	
Zip 34608		Country HERNANDO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REZAC, BOB 16549 MONTEVERDE DR SHADY HILLS, FL 34610-7758			7. Name and Address of New Registered Agent Name <u>FRANK NARDI</u> Street Address (P.O. Box Number is Not Acceptable) 10301 PALMGREN LN City <u>SPRING HILL</u> <u>FL</u> Zip Code <u>34608</u>		
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 <u>Frank Nardi</u> FRANK NARDI DATE <u>1/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P DEGLER, LLOYD 12123 LITEWOOD DR HUDSON, FL 34669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DREHER, MARTIN L 8807 PLANTERS LN NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REZAC, BOB 16549 MONTEVERDE DR SHADY HILLS, FL 34610	<input checked="" type="checkbox"/> Delete	T FRANK NARDI 10301 PALMGREN LN SPRING HILL FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, BILL 16414 ALFORD LN SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lloyd Degler</u>		LLOYD DEGLER		1/17/06 727-847-5031	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	