

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000001550

1. Entity Name
BIG "O" TEEN ANGLERS, INC.



Principal Place of Business
4130 SW 9TH WAY
OKEECHOBEE, FL 34974

Mailing Address
4130 SW 9TH WAY
OKEECHOBEE, FL 34974

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4239250	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYS, MARY C
4130 SW 9TH WAY
OKEECHOBEE, FL 34974

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME HAYS, MARY C
STREET ADDRESS 4130 SW 9TH WAY
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE DVP
NAME HAYS, WILLIAM
STREET ADDRESS 4130 SW 9TH WAY
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE DST
NAME FLOYD, JANICE
STREET ADDRESS 3328 SW 16TH STREET
CITY-ST-ZIP OKEECHOBEE, FL 34974

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U00000956709
07/31/08-80001-001 70.00

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IN THIS SPACE**

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: Janice Floyd / Janice Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/2008 863-697-0914
Date Daytime Phone #