2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90027 041 ****61.25

DOCUMENT # N07344

1. Entity Name
BEVERLY HILLS FISHING CLUB INC.

54000310

Principal Place of Business	Mailing Address
3189 N. BRACKENFERN PT PO BOX 640523 BEVERLY HILL, FL 33464 US	3189 N. BRACKENFERN PT PO BOX 640523 BEVERLY HILLS, FL 34464-0523 US

01162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2471767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEE BALH 3189 N. BRACKENFERN PT BEVERLY HILLS, FL 34465	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 BALL, LEE 3189 N BRACKEN FERN PT BEVERLY HILLS, FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL LEE 3189 N. BRACKEN FERN PT BEVERLY HILLS FL 34465	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEYERS, JOHN 480 W. MILKWEED LOGO BEVERLY HILLS, FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSALES, SHIRLEY 3889 N. BLAZING STAR WAY BEVERLY HILLS FL 34465	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROSALES, SHIRLEY 3889 N BLAZING STAY WAY BEVERLY HILLS, FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIGHT, ROBERT 14 TRUMAN ST BEVERLY HILLS FL 34465	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCOTT, CHESTER P JR. 131 W HOLLY FERN PLACE BEVERLY HILLS, FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCR, WILMA 96 S DAVIS ST BEVERLY HILLS, FL 34465	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOCHERTY, JEAN 550 W SAND OAK CT BEVERLY HILLS, FL 34465	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Chester Scott CHESTER P SCOTT 2 1/16/04 (352) 746-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #