

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11999

FILED
Aug 30, 2005
Secretary of State

Entity Name: CENTRAL FLORIDA OFFSHORE ANGLERS, INC.

Current Principal Place of Business:

956 E ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3252
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-2499515 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WENTE, KEN
678 OLEAN COURT
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WENTE, KEN
Address: 678 OLEAN COURT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: TALAMAS, RENE'
Address: 2887 WILLOW BAY TER.
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: TURNER, MICHAEL M
Address: 1950 TOMATO FARM ROAD
City-St-Zip: MIMS, FL 32754 57

Title: SD () Delete
Name: MACKICHAN, ROBERT
Address: 5105 JONES RD
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL M. TURNER

TD

08/30/2005

Electronic Signature of Signing Officer or Director

Date