

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11999

FILED
Feb 19, 2006
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:

3118 HEARTLEAF PLACE
WINTER PARK, FL 32792 US

Current Mailing Address:

P.O. BOX 3252
ORLANDO, FL 32802 US

New Mailing Address:

P.O. BOX 607459
ORLANDO, FL 328607459 US

FEI Number: 59-2499515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KALBFLEISCH, KEITH
3118 HEARTLEAF PLACE
WINTER PARK, FL 32792 US

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: KEITH KALBFLEISCH

02/19/2006

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: PD (X) Change () Addition
Name: KALBFLEISCH, KEITH
Address: 3118 HEARTLEAF PLACE
City-St-Zip: WINTER PARK, FL 32792

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

Title: TD (X) Change () Addition
Name: PAGE, JEFF
Address: 11220 CREDO CT
City-St-Zip: ORLANDO, FL 32837

Title: SD (X) Change () Addition
Name: TALAMAS, LISA
Address: 2887 WILLOW BAY TERRACE
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KEITH KALBFLEISCH

PD

02/19/2006

Electronic Signature of Signing Officer or Director

Date