

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000025460

1. Entity Name
HOLY MACKEREL TACKLE, INC.



Principal Place of Business
**8629 49TH STREET NORTH
PINELLAS PARK, FL 33782**

Mailing Address
**8629 49TH STREET NORTH
PINELLAS PARK, FL 33782**



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3636334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, DAVID H
6570 30TH AVENUE NORTH
ST. PETERSBURG, FL 33710**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000511103

04/29/06-80155-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BACHUS, GERALD
STREET ADDRESS 8629 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE VD
NAME PARSONS, RONALD
STREET ADDRESS 8629 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE S
NAME PARSONS, GERALDINE
STREET ADDRESS 8629 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE T
NAME BACHUS, JANET
STREET ADDRESS 8629 49TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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: *Ronald J. Parsons V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-06 132-547-9889
Date Daytime Phone #