


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90032 028 \*\*\*150.00

**DOCUMENT # P0000042470**  
 1. Entity Name  
**EAT ME TACKLE, INC.**



Principal Place of Business  
**217 MAIN STREET  
 DESTIN, FL 32541**

Mailing Address  
**217 MAIN STREET  
 DESTIN, FL 32541**

**50056823**



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

06282005 Chg-P CR2E034 (10/03)

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number<br><b>59-3645491</b>                        |  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent  |  |
| <b>KAIGHEN, PAMELA J<br/>                 217 MAIN STREET<br/>                 DESTIN, FL 32541</b> |  | Name <b>Jerry E. Nutt, DDS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>217 Main Street</b><br>City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b> |  |

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

| 10. OFFICERS AND DIRECTORS |                      |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|----------------------|---------------------------------|---|--|---|
| TITLE                      | D                    | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NUTT, JERRY          |                                 | NAME  |  |   |
| STREET ADDRESS             | 632 GULF SHORE DRIVE |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | DESTIN, FL 32541     |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                      | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      |                                 | NAME  |  |   |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP   |  |   |

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 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:  DATE: **7-7-05** DAYTIME PHONE #: **850 837 0696**

ATTACHMENT  
EAT ME TACKLE, INC.

#P00000004270  
50056823

June 28, 2005

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

Please accept this letter as a formal request to have the late fee of \$400.00 waived for the filing of the annual report for Eat Me Tackle, Inc.

The office that handles all of the paperwork for Eat Me Tackle, Inc. experienced a turnover earlier in the year. Unfortunately, the notice to file the annual report had been filed in a former employee's desk and only recently recovered once we received the Notice of Intent to Dissolve.

I spoke with Cathy, an examiner, at the Florida Department of State, Division of Corporations on June 28, 2005, and she advised payment of \$150.00. If you find this to be unacceptable, please notify me at your earliest convenience, and the late fee payment of \$400.00 will be made promptly.

Thank you in advance for your consideration in this matter.

Sincerely,



Jennifer Moffatt  
Assistant Controller