## 2005 FOR PROFIT-CORPORATION ANNUAL REPORT

## Jan 31, 2005 08:00 AM Secretary of State DOCUMENT # P00000117594 CANAL POINT BAIT & TACKLE, INC. Principal Place of Business Mailing Address 12740 HWY. 441 PO BOX 130 CANAL POINT, FL 33438 CANAL POINT, FL 33438 01182005 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1062740 Not Applicable \$8.75 Additional 5. Cartificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WYATT, GLORIA DO NOT WRITE 12740 HWY, 441 CANAL POINT, FL 33438 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE WYATT, GLORIA NAME STREET ADDRESS P.O. BOX 130 U00000208645 02/01/05-80013-023 150.00 CITY-ST-ZIP CANAL POINT, FL 33438 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05

561-924-226

FILED