


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000036940
 1. Entity Name
HOOK, LINE & SINKER GUIDE SERVICE, INC.



Principal Place of Business Mailing Address
16836 62ND ROAD N. **16836 62ND ROAD N.**
LOXAHATCHEE, FL 33470 **LOXAHATCHEE, FL 33470**

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
03-0418201 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIMBALL, DOUG
16836 62ND ROAD N.
LOXAHATCHEE, FL 33470

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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIMBALL, DOUG
STREET ADDRESS	16836 62ND ROAD N.
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000555287
 05/16/06-80028-001 150.00

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: _____ Date: **4/28/06** Daytime Phone #: **561-635-6409**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR