

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 034 ***150.00

DOCUMENT # P01000048310

1. Entity Name
GRAND SLAM SPORT FISHING, INC.



Principal Place of Business
**500 W CYPRESS CREEK RD #210
FT LAUDERDALE, FL 33309**

Mailing Address
**500 W CYPRESS CREEK RD #210
FT LAUDERDALE, FL 33309**



2. Principal Place of Business
2100 N OCEAN BLVD

3. Mailing Address
2100 N OCEAN BLVD

Suite, Apt. #, etc.
3101

Suite, Apt. #, etc.
3101

01132004 Chg-P CR2E034 (10/03)

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FEI Number
65-1105234

Applied For
☐ Not Applicable

Zip
33305

Country
BROWARD

Zip
33305

Country
BROWARD

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

6. Name and Address of Current Registered Agent

FINDEISS, J. CLIFFORD
500 W CYPRESS CREEK RD #210
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2100 N OCEAN BLVD

3101

City
FT LAUDERDALE

FL

Zip Code
33305

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 **X**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
PD

NAME
FINDEISS, J. CLIFFORD

STREET ADDRESS
500 W CYPRESS CREEK RD #210

CITY-ST-ZIP
FT LAUDERDALE, FL 33309

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS
2100 N OCEAN BLVD # 3101

CITY-ST-ZIP
FT LAUDERDALE, FL 33305

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 1/18/2004 954-566-7557