

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90270 037 ***150.00

DOCUMENT # P01000048310	
1. Entity Name GRAND SLAM SPORT FISHING, INC.	



Principal Place of Business 2100 N OCEAN BLVD. 3101 FORT LAUDERDALE, FL 33305	Mailing Address 2100 N OCEAN BLVD. 3101 FORT LAUDERDALE, FL 33305
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40046314

2. Principal Place of Business 2824 NE 27 th St. Suite, Apt. #, etc.	3. Mailing Address 2824 NE 27 th St. Suite, Apt. #, etc.
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03072005 Chg-P CR2E034 (10/03)

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33306	Zip 33306
Country	Country

4. FEI Number 65-1105234	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FINDEISS, J. CLIFFORD 2100 N OCEAN BLVD. 3101 FORT LAUDERDALE, FL 33305	7. Name and Address of New Registered Agent Name FINDEISS, J. CLIFFORD Street Address (P.O. Box Number is Not Acceptable) 2824 NE 27 th St. City Ft. Lauderdale FL Zip Code 33306
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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]* DATE: 4/21/05
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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINDEISS, J. CLIFFORD 2100 N OCEAN BLVD. FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2824 NE 27 th St. Ft. Lauderdale, FL 33306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J C Findeiss President