2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 25, 2004 8:00 am DOCUMENT # P01000058493 **Secretary of State** 1. Entity Name 02-25-2004 90022 029 \*\*\*150.00 T.J.'S BAIT AND TACKLE, INC. Principal Place of Business Mailing Address P O BOX 241 21121 HWY 40 WEST **DUNNELLON FL 34430 DUNNELLON FL 34431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City Applied For State City & State 4. FEI Number 59-3723905 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JASon PETERSON, PHYLLIS R Street Address (P.O. Box Number is Not Acceptable) 21121 HWY 40 WEST **DUNNELLON FL 34431** 34431 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 registred agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition PD Delete TITLE **⊠** Change TITLE PD T. JASON PETERSON 21121 HWY 40 WEST PETERSON, PHYLLIS R NAME NAME STREET ADDRESS STREET ADDRESS 21121 HWY 40 WEST CITY-ST-ZIP Dunnellon, Fl. 34431 CITY-ST-7IE **DUNNELLON FL 34431** VPTD ▼ Change Addition TITLE ☐ Delete TITLE PETERSON, T JASON NAME PHYLLIS PETERSON NAME 21101 HWY 40 W. P O BOX 1605 STREET ADDRESS STREET ADDRESS Dunnellon, Fl - 34431 **DUNNELLON FL 34430** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME .... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE 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

FILED