

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000081618

1. Entity Name

RICK'S BAIT SHOP, INC.



Principal Place of Business

PO BOX 51
OAK HILL FL 32759

Mailing Address

PO BOX 51
OAK HILL FL 32759



2. Principal Place of Business

253 RIVER ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAK HILL FL

City & State

4. FEI Number

59-3739589

Applied For

Not Applicable

Zip

Country

Zip

Country

32759

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWLAND, RICHARD A
481 E HALIFAX RD
OAK HILL FL 32759

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

U00000572725
07/28/06-80010-024 150.00

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWLAND, RICHARD A PO BOX 51 OAK HILL FL 32759 <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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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: Richard A. Howland, D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-06

Date

386-345-0957

Daytime Phone #