2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 19, 2007 8:00 am Secretary of State DOCUMENT # P01000081618 1. Entity Name 04-19-2007 90418 013 ***150.00 RICK'S BAIT SHOP, INC. Principal Place of Business Mailing Address PO BOX-51 OAK HILL FL 32759 PO BOX 51 -OAK HILL FL 32759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 253 RIVER ROAD *B Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3739589 OAK HILL FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 327*59* Uolusia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Richard A. HowLand HOWLAND, RICHARD A Street Address (P.O. Box Number is Not Acceptable) **481 E HALIFAX RD** OAK HILL FL 32759 OAK HILL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D HHE ☐ Delete Change ■ Addition HOWLAND, RICHARD A NAME NAME PO BOX 51 STREET ADDRESS STREET ADDRESS OAK HILL FL 32759 CITY - ST - 7IP CHIY-SI-ZIP MUE ☐ Delele TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+SI-7IP Delete HTLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-ZIP Defete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-SI-ZIP IIILE Delete TITLE ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

d Richard A. Howland
OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Lichard a. Howland
SIGNATURE AND TYPED OF PRINTED NAME OF S

FILED