

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000026137

1. Entity Name
VINBOB'S BAIT & TACKLE DEPOT, INC.



Principal Place of Business
**5310 SEMINOLE BOULEVARD
SEMINOLE, FL 33705**

Mailing Address
**5310 SEMINOLE BOULEVARD
SEMINOLE, FL 33705**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1407798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHIUDINA, VINDENT EDWIN
5310 SEMINOLE BOULEVARD
SEMINOLE, FL 33705**

**DO NOT WRITE
IN THIS SPACE**

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

Vincent E Chiudina Pres.
Signature, typed or printed name of registered agent and title if applicable.

4-29-04
DATE

(NOTE: Registered Agent signature required when reinstating)

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CHIUDINA, VINCENT EDWIN
1085 22ND AVENUE NORTH
ST PETERSBURG, FL 33704**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BENDER, BRIAN STEPHEN
1758 30TH AVENUE, NORTH
ST PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

U00000151376
05/04/04-80043-015 150.00

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IN THIS SPACE**

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:

Vincent E Chiudina
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

320-8544