2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000042083

1. Entity Name
ANGLER'S LURE, INC.

Principal Place of Business	Mailing Address
41 SHINNECOCK DRIVE PALM COAST, FL 32137	41 SHINNECOCK DRIVE PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3676786
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

B. PAUL KATZ
ATRIUM SUITE
1 FLORIDA PARK DRIVE SOUTH
PALM COAST, FL 32137

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 _____ DATE
(Signature, typed or printed name of agent and title if applicable) (Typed or printed name of agent and address of registered agent)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	LUTHER, BILL B
STREET ADDRESS	41 SHINNECOCK DRIVE
CITY ST ZIP	PALM COAST, FL 32137
TITLE	P
NAME	LUTHER, JASON B
STREET ADDRESS	3536 PINE STREET
CITY ST ZIP	JACKSONVILLE, FL 32205
TITLE	V
NAME	LUTHER, ELIZABETH S
STREET ADDRESS	41 SHINNECOCK DRIVE
CITY ST ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000501426
04/25/06-80062-016 150.00

DO NOT WRITE IN THIS SPACE

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: BILL B. LUTHER Bill B Luther 4/6/06 386-445-0028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #