

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000053541

1. Entity Name
HILLSBORO INLET CAPTAINS ASSOCIATION, INC.



Principal Place of Business
**2705 NORTH RIVERSIDE DR.
POMPANO BEACH, FL 33062**

Mailing Address
**2705 NORTH RIVERSIDE DR.
POMPANO BEACH, FL 33062**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3697313

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORN, TOM
2705 NORTH RIVERSIDE DR.
POMPANO BEACH, FL 33062**

**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 Edwin F. Wheeler Edwin F. Wheeler 4-28-04
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 P
NAME HORN, TOM
STREET ADDRESS 601 PINE DR., #104
CITY - ST - ZIP POMPANO BEACH, FL 33060

TITLE V
NAME WHEELER, EDWIN F JR.
STREET ADDRESS 2240 NE 46 ST.
CITY - ST - ZIP LIGHTHOUSE POINT, FL 33064

TITLE ST
NAME WHEELER, EDWIN F SR.
STREET ADDRESS 2736 NE 12 ST.
CITY - ST - ZIP POMPANO BEACH, FL 33062

TITLE
NAME
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CITY - ST - ZIP

**DO NOT WRITE
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: Edwin F. Wheeler Edwin F. Wheeler 4/28/04 954-942-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #