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Jul 27, 2005 8:00 am
Secretary of State
05-06-2005 90101 042 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063113

1. Entity Name
FLORIDA FISHING HEADQUARTERS, INC.

66025086

Principal Place of Business	Mailing Address
~~81955 OLD HIGHWAY~~ ~~ISLAMORADA, FL 33036~~ P.O. Box 646 Islamorada, FL 33036	P O BOX 646 ISLAMORADA, FL 33036

05022005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0821533

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, STEPHEN R
~~81955 OLD HIGHWAY~~
~~ISLAMORADA, FL 33036~~
P.O. Box 646
Islamorada, FL 33036

74828 o/s Hwy
Islamorada, FL

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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: _____ 6-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $160.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURRAY, STEPHEN R
STREET ADDRESS	81955 OLD HIGHWAY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	P
NAME	MURRAY, RICHARD A
STREET ADDRESS	118 SOUTH DR
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	D
NAME	WALCZAK, ROBERT
STREET ADDRESS	118 SOUTH DR
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 reports 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: _____ 6-21-05 (305)664-3322
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #