

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90083 007 ***150.00

DOCUMENT # P02000065145					
1. Entity Name WAHOO FISHING PRODUCTS, INC.					
Principal Place of Business 8249 SKYLANE WAY BLDG. #111 PUNTA GORDA, FL 33982 US			Mailing Address P.O. DRAWER 60205 FT. MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address % JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1617597	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., STE. 101 FT. MYERS, FL 33907				7. Name and Address of New Registered Agent Name: JOHN M. WICKER, P.A. Street A: 12670 NEW BRITTANY BLVD., STE 101 City: FORT MYERS, FL 33907	
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:					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)					
DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WELLE, GLEN R STREET ADDRESS 8249 SKYLANE WAY, BLDG. #111 CITY-ST-ZIP PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WELLE, MARK R STREET ADDRESS 8249 SKYLANE WAY, BLDG. #111 CITY-ST-ZIP PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME EAGLE, MARTA STREET ADDRESS 8249 SKYLANE WAY, BLDG. #111 CITY-ST-ZIP PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date:					
Expiration Date:					